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# ASSESSMENT OF THE POTENTIAL FOR SPREAD AND CONTROL OF HIV AMONG CROSS-BORDER POPULATIONS ALONG THE THAI-CAMBODIAN BORDER


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MAHIDOL UNIVERSITY


JUNE 1995


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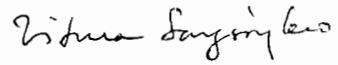
# Foreword

Not only in this region, but the world, Thailand has one of the most aggressive HIV/AIDS prevention programs aimed particularly at changing the behaviors of high as well as low risk groups. Unfortunately though, the means to control the spread of HIV is not as strong in most of the nations surrounding Thailand. Consequently, in order to control the spread of HIV, Thailand must now play an ever more increasingly important role in understanding the disease's dynamics across national boundaries. This is a true challenge since the disease itself knows no political nor geographic boundary; it occurs among developing as well as developed nations and among all economic strata.

Now is the time for Thailand and neighboring countries to join together and lay the groundwork for a collaborative partnership to control and prevent HIV/AIDS along common borders. In order for this to be done, however, what is needed most is an accurate assessment of the situation, an analysis of its causes and recommendations for interventions that can be both culturally sensitive, yet feasibly implementable within each nation.

This study on the "Assessment of the Potential for Spread and Control of HIV among Cross-Border Populations Along the Thai-Cambodian Border" is an important initial step in this direction. It is especially valuable since it outlines areas where the two nations and their Ministries of Public Health can work together, especially in terms of human resource development for health and the creation of an alliance between our respective medical personnels. This is definitely one area where the 'Technical Cooperation Among Development Countries' (TCDC) strategy can focus especially with regards to training and capacity building in both Thailand and Cambodia. The Ministry of Public Health looks forward to such TCDC efforts in this and other priority areas. The importance of this study by Mahidol University is therefore very clear. The Ministry would like to take this opportunity to extend its great appreciation to all the concerned academic members of Mahidol University.



**Dr. Vitura Sangsingkeo**
**Permanent Secretary**
**Ministry of Public Health, Thailand**

# Preface

The nature of the HIV/AIDS epidemic places it at the forefront of regional and global concern, since it will affect not only each nation's development but also that of each region and the world. Ever since the first case was diagnosed in Thailand, Mahidol University through its Faculties and Institutes has strived to gain greater understanding of the disease's etiology, transmission and bio-social consequences in order to develop well-grounded training and intervention programs. In this respect, this study on the "Assessment of the Potential for Spread and Control of HIV among Cross-Border Population Along the Thai-Cambodian Border" makes an important contribution to our knowledge about the dynamics of the disease as it stretches across the mutual boundary of two nations. This important study is also a pioneer in making recommendations for cross-cultural intervention programs that can help to control and prevent the disease's spread within and between the countries of concern here.

The Institute for Population and Social Research, Mahidol University, and the AIDS Control and Prevention Project (AIDSCAP) of Family Health International must be congratulated for their visionary outlook in addressing such a timely issue in this era of regionalization and globalization. This assessment is the first of what is hoped to be a series of more detailed studies which Thailand as well as the international community will find to be very valuable in their joint partnership to eradicate HIV/AIDS. Lastly, in keeping with Mahidol University's philosophy of applying what is learned for the benefit of humankind, we have for over two decades produced high quality research for applied development programming. This volume continues this tradition, and it is hoped that it is beneficial to those in the position to respond to the region's changing needs.

**Professor Dr. Pradit Charoenthaitawee**
**President**
**Mahidol University**

## Executive Summary

With reduced military conflict along the Thai-Cambodian border areas, there has been increased population movement between the two countries. Among the increased trading activity and cross-border movement is an expansion in commercial sex establishments along the border and in cross-border sexual activity. Although Thailand's national AIDS program has achieved remarkable success in increasing condom use in high-risk situations and substantial declines in sexually transmitted diseases (STDs), it is clear that HIV control must be approached regionally if the epidemic's spread is to be contained. The predominance of Cambodian and Vietnamese commercial sex workers along the Thai-Cambodian border and Thai and Cambodian men who frequent the commercial sex establishments has serious implications for the spread of HIV and AIDs among the general population of both countries and the region.

This assessment attempts to acquire a broad picture of cross-border sexual activity. In-depth and group discussions were held with people from various occupations, such as wives of fishermen, commercial sex workers, public health personnel, and local police. Topics discussed included, premarital and extramarital cross-border sexual activity, condom use and knowledge of STDs and AIDS. Below we present key findings from our assessment and suggest possible recommendations.

### Findings

- There is no concerted AIDS prevention program along the Thai-Cambodian border areas.
- The lack of a common language along the border is a major obstacle to an effective AIDS campaign.
- Commercial sex establishments are expanding with no outreach health program.
- Condom use by Cambodian and Thai men in commercial sex establishments is extremely low.
- Thai fishermen extensively engage in commercial sex and noncommercial sexual activity in Cambodia and the outlying islands.
- Levels of knowledge of AIDS and preventive practices among Cambodians along the border are extremely low.
- Thai men of all ages frequent commercial sex establishments in Cambodia because of the ease in border crossing, the low price of Vietnamese and Cambodian commercial sex workers, and the availability of guides at the border.
- Thai men usually prefer Vietnamese commercial sex workers because of their clean and attractive appearance.
- Vietnamese commercial sex workers are procured through a complex and efficient network that allows for continual recruitment of young girls.
- The lack of knowledge about how STDs and AIDS are contracted will result in explosive levels of HIV in the near future if it has not already.

- Girls and women enter into commercial sex because of extreme poverty, comparatively high economic returns, filial obligations and effective deception by commercial sex agents.

- Men who are clients and commercial sex workers themselves have many misconceptions about AIDS, such as: it is curable; if one is healthy one cannot get AIDS; ugly commercial sex workers don't have AIDS; clean people don't have AIDS; one cannot get AIDS by having sex with a virgin in a brothel.

- Married women have very little knowledge of their husbands extramarital sexual activity in Cambodia.

- Married women have no bargaining power with their husbands with regard to condom use.

**Recommendations**

HIV/AIDS intervention activities should be undertaken between Thai and Cambodian border health authorities. Initial funds must be provided by the Thai government through the Ministry of Public Health as well as from international nongovernment organizations specifically for border area HIV/AIDS intervention activities. The following information dissemination activities and referral systems are suggested as possible collaborative activities.

- Training should be given initially by Thai medical personnel to Cambodian hospital personnel in HIV/STD preventive activities.

- Recruit key commercial sex establishment proprietors for training and involvement in an HIV/AIDS information dissemination and referral system.

- Recruit key drugstore proprietors for training and involvement in an HIV/AIDS information dissemination and referral system.

- Recruit local police for training and involvement in an HIV/AIDS information dissemination and referral system.

- Recruit 'mobile doctors' for training and involvement in an HIV/AIDS information dissemination and referral system.

- Develop tri-lingual strategy of Thai-Cambodian-Vietnamese information dissemination through video presentations and pamphlet distributions.

- Develop tri-lingual radio program on health and family issues related to high risk sexual behaivor.

- Establish free or subsidized condom distribution programs.

**CONTENTS**

## 1. THE IMPORTANCE OF CONSIDERING REGIONAL AREAS OF POTENTIAL HIV INFECTION

The end of war and intense economic growth in Asia has spurred cross-border movement of young men and women in search of opportunity. The gradually improving relations between countries in Southeast Asia have led to relaxed border control, and populations on both sides of the border exchange tremendous amounts of commercial goods.

Thailand shares a physical border with four countries (Burma, Laos, Cambodia and Malaysia) and is virtually adjacent with Southern China at its northern tip. Important cross-border junctions between Thailand and these countries include Mae Sai and Mae Sot in the North, Ranong, Betong and Sungaigolok in the South, Haad Lek and Aranyaprathet in the East and Nongkhai in the Northeast (see maps in the appendix). To varying degrees, these areas are experiencing a rapid spread of HIV, as documented by the sentinel surveillance systems of the Thai Government. Sentinel surveillance of pregnant women at government antenatal clinics in Trad and Sa Keo provinces show HIV prevalence rates of 2.8 and 2.7, respectively, for June 1994.

These figures, however, are clearly the tips of the iceberg. With sexual activity increasing in border areas, the prevalence rate is expected to increase dramatically. Although Thailand's national AIDS program has achieved remarkable success in increasing condom use in high-risk situations and substantial declines in STDs, clearly HIV control must be approached regionally if the spread of the epidemic is to be contained.

In 1994, the Asia Bureau of the United States Agency for International Development (USAID) commissioned the AIDS Control and Prevention Project (AIDSCAP), a project of Family Health International to conduct a series of assessments in areas of affinity. The purpose of these assessments is to describe the nature and level of risk behavior for HIV among cross-border populations and to carry out and scale up pilot interventions. In 1994 four assessments were completed in the following areas of affinity:

- Thai-Laos
- Thai-Cambodia-Vietnam
- India-Nepal-Bangladesh
- Papua New Guinea-the South Pacific

This document is a report of the Thai-Cambodia-Vietnam assessment, which was conducted by the Institute for Population and Social Research (IPSR) of Mahidol University. We hope that this document will also serve as a case study of the AIDSCAP rapid assessment methodology, which other agencies in the AIDS prevention field can make use of.

## 2. THE SETTING

### 2.1 The general situation

The two sites for the assessment were Haad Lek in Trad Province and Aranyaprathet in Sa Keo Province (see maps in the appendix). Trad borders Cambodia at the southeastern

most point of the country. There is no historical record of the date when Trad was established. Historically, Thailand allowed France to occupy Trad. In return, the French withdrew from other territories of Thailand. Approximately 90 years ago Thailand traded parts of what is now Cambodia in exchange for the return of Trad Province and some islands.

Now, Trad has five districts, one urban municipality and one predistrict. The five districts are Muang, Khao Saming, Laem Ngop, Klong Yai and Bo Rai. Koh Kud is the predistrict. Klong Yai, the part of Trad that borders on Cambodia, is a crossroads for tourists and traders of both countries. Haad Lek is the subdistrict of Klong Yai that borders on Cambodia and is approximately 165 kilometers from the provincial capital.

Klong Yai has a registered population of 14,031. Sea lanes provide the most convenient access between Klong Yai and Vietnam and Cambodia to Thailand. Cambodians are present in various areas of Klong Yai in such occupations as loggers, traders and commercial sex workers (CSWs). Because of the convenience of movement between the two countries, it is difficult to control or assess the level of border migration.

The border at Aranyaprathet has alternated from relatively open to closed depending on the state of war inside Cambodia. As in Trad, a neutral or trading zone does exist there but the military exerts tight control of movement.

### 2.2 Population movement between the two countries

Thais and Cambodians populate settlements on both sides of the border. Indeed, this zone along the border can be viewed as a Thai-Cambodian neutral zone where no travel documents are required and movement is unrestricted. Vietnamese men and women are also in evidence. The population in this area work in a variety of occupations, such as:

traders, import-export (male and female)
loggers (male)
fishermen (Thai, Vietnamese and Cambodian males)
local tourists (mostly Thai males visiting Cambodia)
international tourists (from Singapore, Malaysia and Taiwan)
commercial sex workers - CSWs (female, Vietnamese and Cambodian and to a lesser extent Thais)

A large contingent of United Nations soldiers stationed in Cambodia as part of a peace keeping force recently left the country.

Because, historically, the settlements in Haad Lek and, to a lesser extent, Aranyaprathet, on both sides of the border were part of a single province of one country, the indigenous people of the area show little awareness of an artificial international border. The proximity of the settlements on both sides of the border also promotes frequent, short-term movements. These movements are either by boat or by road. In Trad two common ports for boat commuters are Haad Lek and Koh Kong towns. By road there are Cambodian taxis, and the commute between the two sites takes only 15 to 20 minutes one way. There is no serious examination of travel papers or citizenship in this neutral zone.

There is a mutually reinforcing exchange of goods between the two countries at this location in Trad. For example the timber industry in Cambodia regularly brings logging crews through the area regularly. General trading is also facilitated by merchant vessels

that dock in this area and off-load goods. This part of the Gulf of Thailand is relatively sheltered from storms and is a popular temporary port for large, medium and small vessels alike. The fishing industry is very active and attracts thousands of boats of various sizes and crews who have routine contact with people in the ports of Thailand, Cambodia, Vietnam, Malaysia and Singapore.

The ports are recreation centers for the laborers and fishermen. There are hotels, restaurants, nightclubs and the full range of commercial sex establishments (CSEs). CSWs from Vietnam and Cambodia are observed in this neutral zone.

Sa Keao Province is adjacent with Cambodia at the districts of Aranyaprathet, Ta Praya and Klong Haad for approximately a total of 170 kilometers. The district of Aranyaprathet has a common border with Cambodia of 80 kilometers. This border is separated by a small canal, which is almost dry during the dry season. This allows for extreme ease of movement between the two countries.

The cities of Aranyaprathet and Poipet are separated by what one might consider an artificial border in the sense that there is almost no physical distance between the two towns. A casual visitor might not consider that one is traveling from one city to another. However, due to the continual conflict between the outlawed Khmer Rouge and the Cambodian government, the border crossing at Aranyaprathet has been opened and closed several times throughout the past two years. Though there has been continual military conflict in this area, there is also strong business pressure to keep the border open. Many products from neighboring countries such as China, Singapore and Taiwan are sold in a large market on both sides of the border. These products include inexpensive electrical goods and confectionery and hardware products also local Cambodian products such as brass ware and woven mats, baskets and hats. Most of the products on sale on the Thai side are generally less expensive than goods in Thailand, thus accounting for pressure on both sides of the border by both Thai and Cambodian businessmen to keep the border crossing open. One local businessman reports that he could get woven material from Japan and China without paying duty, except the 50 Baht for local Cambodian porters to carry it across the border. He saved thousands of Baht for each roll of material carried in this way.

Compared to the border area along Haad Lek district of Trad province, the Aranyaprathet border area seemed drastically different, with a much larger amount of informal business activity by a large transitional population. There were many beggars, especially children under 10. On any crossing by Thais many Cambodian men were readily available to be guides or to do whatever chore asked of them. Those who are not asked to come will nevertheless "hang around" for at least a couple of hours. When they are certain they will not be paid, they will ask for 10 Baht ($0.40) "for the cost of lunch." On our trips to the border this scenario was played out several times.

The border check point opens at 8:00 a.m. and closes at 4:00 p.m. Unlike the Haad Lek crossing, the Aranyaprathet crossing is guarded by Thai soldiers who stand on both sides of the half-kilometer dirt road separating the two check points. Thai border officials estimated that there were about 200 to 300 official crossings on weekdays, with more on weekends. The source said he believed that 40 to 50 Thais cross the border to have sex on the Cambodian side every day:

> Before when the bridge was being built there were more [visitors] than this, [such as] draftees and laborers who would go and frequent brothels in the Cambodian side because they would get a high per diem, but now not

too many people go to have fun because it is more dangerous (Thai border official).

The officials who kept records of the numbers of crossings said that there were 400 official crossings a day. During the weekends this number would increase to 500 to 600. Cambodians who cross back and forth pushing large cartloads of materials for businessmen on both sides of the border account for approximately 2,000 trips a day.

Immediately on the other side of the check point, Cambodian soldiers can be seen with automatic rifles walking in the market, while others carry a string of grenades around their necks. At the check point on the Thai side, young Thai men aged 16-21 were offering their identity cards to the Thai officials. We overheard one say to his friends, "I will show you a really good place where there are pretty Vietnamese girls."

The atmosphere at the Aranyaprathet check point is much more tense and less 'tranquil' than that at the Haad Lek border area. The population settlements in the Haad Lek area also seemed much more settled. No strong negative attitudes toward Cambodians on the Thai side of the Haad Lek border area were evident. This contrasts with the Aranyaprathet area, where trust has broken down. Unsolicited remarks from Thai officials of various ranks, both civilian and military, reflect this attitude: "one cannot trust any Cambodian"; "All Cambodians are thieves." These remarks are not necessarily ethnic slurs but more likely reflect past disagreements officials on the Thai side have had with Cambodians. These remarks contrasted with the calm and friendly attitudes we perceived as prevalent in the Haad Lek border area.

## 3. RESEARCH METHOD

We have termed this assignment 'investigative research' because little is known about cross-border movements between Thailand and Cambodia and of its relationship to potential HIV infection. Investigative research for the research team meant keeping a continually open mind, following leads that seemed important and collecting quantitative or quantitative information that contributes to an understanding the potential for HIV infection along the Thai-Cambodia border.

### 3.1 Entry into the field site

Before French colonial rule many parts of what is now Cambodia was part of Siam. Since those times, population movements between the new border have been a very common occurrence. Presently, both Thai and Cambodian ethnic populations exist on both sides of the border. Under these conditions, it was convenient to find services of local guides. Our guides were attached to the Klong Yai district office and had many relatives in the border city of Koh Kong. Until 1979, resident populations of Koh Kong were allowed Thai citizenship if they wanted. Only when the Khmer Rouge lost control of Cambodia in 1979 was the right of citizenship for Koh Kong and surrounding areas revoked by the Thai government.

Due to the ease of movement between the two countries it was convenient for the research team to get assistance from provincial government authorities for entry into the field site. We will term this strategy the Top Down Approach. We discussed our

research with the governor of Trad province and the Klong Yai District officer, who subsequently assigned two full-time volunteers to assist us in the research.

In Aranyaprathet we decided to use what we will term The Grass Roots approach in contacting local informants who had close contact with people on both sides of the border. The decision to use this approach was made for several reasons. The continual military conflict in the border area resulted in the closing and opening of the border several times during the past 12 months. Even when the border check points were open, formal channels of communication via the top down approach were not as convenient as in Trad province. The lack of formal channels is due to military conflicts but also to the history of the area, which was quite different from that of Trad province. Of interest to us were the perceptions of some Thai officials in Aranyaprathet, which were quite different from those of officials in Haad Lek. These different perceptions are due to political, historical and social differences between the two areas.

### 3.2 Preparation for field work

The research team obtained letters of introduction from government officials in Bangkok where data collection began. Data were collected from assorted divisions within the Ministry of Public Health (MOPH) and NGOs. Some of these data included the latest HIV and STD statistics for Trad and lists of CSEs in the areas near the border. Border police were contacted in both provinces for the latest information on commercial sex activity. Local guides and multilingual interpreters were recruited during this stage.

### 3.3 Mapping the field sites

An essential component of a rapid assessment is mapping the area of investigation. The team began by plotting the location of all direct and indirect commercial sex access points in the area. This was done to ensure that the men and women at highest risk of sexually transmitted HIV were not overlooked. Plotting these sites also gave the mapping team clear objectives to begin with. On the maps CSEs were divided into mainly Vietnamese or mainly Cambodia CSEs, or both. Most CSEs employ either all Vietnamese or all Cambodian CSWs. Local informants were useful in drawing the maps. For the assessment in Haad Lek, the team was assisted by a local policeman. In Aranyaprathet some assistance was provided by local army personnel. Besides CSEs, drugstores in the area were also plotted on the maps (see maps in the back of the report).

### 3.4 Composition of the teams

Because of the sensitive nature of sexual behavior activity and the critical gender issues involved, it was imperative that the rapid assessment teams included both males and females. It was also important that the team included multilingual members. Relying on local interpreters is an alternate approach but can result in distortion of information and reduced access if they are not sensitive to the informant populations and methods of inquiry. Thus, whenever possible interviews were conducted by trained members of the team, who spoke the local languages fluently.

Female team:For data collection from CSWs and the general female population, mostly women interviewers were used. Two of our women's team members could speak Vietnamese. Similarly, three team members spoke Cambodian because of previous experience working in Cambodian refugee camps.

Male team:The male team was mainly involved in collecting information from the general male population in the area. Sometimes they were also involved in conducting in-depth discussions with CSWs. This assessment and other studies have shown that CSWs are accustomed to individual conversations with males and, sometimes, may feel less self-conscious when discussing matters related to sexual behavior with male interviewers. The male team mainly conducted in-depth discussions with men who frequent brothels and fisherman, motorcycle taxi driver, businessmen and men in other occupations. The male team researchers were not able to speak Vietnamese but were assisted by two full-time volunteers who could converse fluently in Vietnamese.

### 3.5 The use of key informants

In a rapid assessment that covers only several weeks of on-site field work, there is little time for members of an assessment team to establish enough trust and credibility to obtain access to local establishments, work sites and communities on their own. So, local key informants are an essential part of the field work. These individuals are usually older, respected long-term residents of the community and can act as "gatekeepers" in providing introductions for the team to the target populations or to others who provide access to the target population.

For the assessment in the Haad Lek border area, the key informants included local health officials of Koh Kong and Pak Klong. Cambodian informants were used for gaining access to CSEs with Cambodian CSWs, while Vietnamese informants were used for the Vietnamese CSEs.

There were approximately 30 CSEs in Koh Kong. The number of CSWs was estimated to be 250. There were eight to 10 CSWs per commercial sex establishment (CSE). In Pak Klong the number of CSEs was about 20, with five to 10 CSWs per CSE. We must emphasize that these are minimum estimates from actual observations.

Three sites were selected for data collection in Aranyaprathet on the eastern section of the zone:

1) New Market: This place is the last road junction for tourists and has restaurants and CSEs.

2) Old Market: Sells fresh produce. Behind this market, brothels integrated into the neighborhood. The brothels are either one-story or two-story wooden structures.

3) The area behind the temple. These are shanty houses made out of makeshift materials.

Drugstores: STD drugs and condoms were purchased from local drugstores in both Haad Lek and Aranyaprathet for establishing rapport with drug sellers. Drugstore sales clerks were an important source of information. Interviews with these men and women were conducted partly by the mapping team during its rounds. Data collected included type of client who come to purchase medicine, types of medicine for sale, the types of condoms for sale, and frequency of customers who purchase these supplies, including STD drugs.

Other key informants include the following:

Haad Lek border area

- Staff of STD/AIDS Unit of the Trad provincial health office
- HIV counseling clinic staff of the Trad provincial health office
- District health officers of Klong Yai
- Klong Jak District Hospital staff
- Klong Kam Health Center staff
- Village head-person
- Klong Yai Police Station staff
- Sub-district chiefs

Aranyaprathet border area

- Former refugee camp administrator
- Former refugee camp personnel who currently sell potable water on both sides of the border (multilingual)
- Local military officials
- Military officials
- Aranyaprathet government hospital staff
- Governor of Sa Keo province
- District health officer of Aranyaprathet
- Immigration officials at the border
- Local Cambodian police

Individual in-depth and group discussions were also arranged through the assistance of local leaders with Thai and Cambodian fishermen. Some local police officers were particularly helpful in sketching town maps and helping to gain access to CSEs.

### 3.6 Direct data collection

A combination of in-depth and group discussions was used to gather information from key informants of interest. In-depth discussions are discussions in which a particular topic of interest to the researcher is introduced to a key informant through a semi-structured guideline (see the appendix for guidelines). The purpose of the in-depth discussion is to get an understanding of the attitudes and actual behavior of the informant. The in-depth discussions took on average about one hour to complete. Group discussions, are also conducted with a prepared discussion guide-line. Discussion, though, centers not necessarily on individual behavior, though information about

behavior may be offered, but more on general opinions of the participants in the group. Group discussions take on average two hours to complete. Key informants from the group and in-depth discussions include the following:

Haad Lek border area

- Group discussion with 8 Cambodian CSWs
- Group discussion with 4 Cambodian CSWs
- Six in-depth discussions with Cambodian CSWs
- Six in-depth discussions with Vietnamese CSWs
- In-depth discussion with a manager of a large Cambodian CSE of 34 CSWs
- In-depth discussion with a female proprietor of a Vietnamese CSE
- In-depth discussion with male a proprietor of a Vietnamese CSE
- In-depth discussion with a Vietnamese doctor operating a clinic
- In-depth discussion with a client at a Vietnamese owned drugstore
- Two in-depth discussions with local hotel managers
- Two in-depth discussions with male motorcycle taxis
- Group discussion with 10 Cambodian fishermen
- Group discussion with 5 Thai fishermen
- Small group discussion with three Cambodian loggers
- In-depth discussion with a male Cambodian policeman
- Eight in-depth discussions with fisherman's wives
- Two in-depth discussions with businessman's wives
- In-depth discussion with a wife of a fishing boat captain
- In-depth discussion with the secretary of Klong Yai District Fisherman's Association
- Three in-depth discussions with Thai fishermen
- In-depth discussion with a local construction worker who was formerly a fisherman

Data was collected during May and June of 1994.

Aranyaprathet border area

- Small group discussion with two Cambodian CSWs
- Small group discussions with three Cambodian CSWs
- Six in-depth discussions with Vietnamese CSWs
- Six in-depth discussions with Cambodian CSWs
- In-depth discussion with a married Cambodian businesswoman who sells Cambodian products to Thai traders
- In-depth discussion with a married Cambodian female traveling sales person selling whiskey
- In-depth discussion with a married Thai female trader selling dishware
- In-depth discussion with a married Thai female trader selling baskets
- In-depth discussion with a Thai barber's wife
- In-depth discussion with a male Thai trader
- In-depth discussion with a Cambodian laborer, formerly a Cambodian policeman
- In-depth discussion with a Thai male pushcart operator.
- In-depth discussion with a Cambodian porter

- In-depth discussion with a Thai male shop owner
- In-depth discussion with a wealthy Aranyaprathet businessman
- Small group discussion with 2 Cambodian laborers
- Group discussion with Thai housewives whose husbands frequent CSWs
- Group discussion with Cambodian men who frequent CSWs
- Two group discussion with Thai men who frequent CSWs

Data was collected during August of 1994

Where at all possible we tape-recorded all our in-depth and group discussions. These discussions were then transcribed and later entered into a word processing program. In addition to the more formal procedures of conducting in-depth and group discussions, all team members also were able to acquire information from more casual conversations with local officials, individuals who were in our target populations but with whom we did not have enough time or opportunity to conduct in-depth or group discussions, and from daily direct observation of each area we entered. Information from casual conversations should be either noted down immediately or discussed with other team members so that the information is not forgotten or confused with information gathered in other areas.

## 4. RESULTS

### 4.1 Lifestyle of the fishermen

There has been an increasing influx of Thai fisherman into Cambodian waters as the result of over fishing the Thai waters of the Gulf of Thailand. This leads to increased contact among peoples of the three nations: Thailand, Cambodia and Vietnam. Much of the data collection in this study centered around the fishermen. They outnumber men in other occupations in the study because they have been linked to outbreaks of HIV in Bangladesh, Vietnam and Irian Jaya. Seroprevalence data among fishermen in Ranong reveal alarmingly high levels of HIV among fishermen there: from 7% HIV+ in 1991 to 14% in 1992 to 22% in June 1993. As will be seen from the data that follow, fishermen are more well-travelled than people in other occupations.

Boats that dock in the Haad Lek border area are of a variety of sizes. Large vessels that dock in Pak Klong have crews of 10 or more. Medium-size vessels have crews of five to 10, and the smallest fishing boats have one to four crew members. The larger the boats the more distant are their home ports. Of the boats in port at any one time, 60% were small boats that can only take short day trips not far from shore; 30% were medium-size boats that can be out to sea for 30 days at a time and extend into Cambodian and Vietnamese waters; 10% were the larger vessels. A total of 480 vessels were registered with the local port authority. However, over 1,000 are not registered, according to the secretary of the Klong Yai Fishermans Association.

The length of time at sea for medium and large vessels does not necessarily depend upon their size. Some boats may arrange for fuel and rations to be delivered to them by other boats. The medium-size and large-size boats can venture out to the open sea, but they also have many options for docking at Cambodian and Vietnamese ports during a single trip that could extend over months. Boats have to dock occasionally in order to refuel, load ice, sell fish, allow the crew rest and recreation, repairs equipment, stock up on

food, meet friends and colleagues, engage in sex, patronize any of the multiple CSEs prevalent in each port, go to bars and gambling dens, and avoid monsoon storms.

During their fishing trips, fisherman frequently dock at the following ports:

1) Koh Kong, (also referred to as Sao Tong) is similar to Pak Klong and is used as a refueling port for vessels. The number of CSEs was greater here than in Pak Klong. CSWs working in Koh Kong were mostly Vietnamese, Cambodian and Vietnamese of mixed Cambodian and Vietnamese parents.

2) Koh Jao Island is a main fishing route and major port of call for many fishing boats. CSWs there were mainly Cambodian and Vietnamese. Koh Jao was not shown on any of the official maps we were able to acquire. We were told that it is located west of Kampong Sohm.

3) Klong Yai is a harbor town where there are both Thai and Cambodian CSWs. Thai CSWs, mainly from the north, are based in direct brothels in the town itself. However, there was also some "indirect" prostitution in outlying areas of the district in establishments that had changed their fronts to comply with requests by local authorities to be less conspicuous.

4) Koh Kud is several kilometers off the shore of Haad Lek and sees a mix of Thai, Cambodian and Vietnamese fishing crews. It is difficult for authorities to get to regularly because it can only be reached by boat. Koh Kud can accommodate 200 to 300 vessels during the monsoons, when the population of the area swells with young men. It has a variety of entertainment establishments, including restaurants, snooker halls, gambling dens and CSEs (see Appendix on Koh Kud).

5) Kalapangha port in Haad Lek subdistrict also had a large number of entertainment establishments. This port could accommodate up to 250 fishing boats. In close vicinity to the port were three CSEs; most CSWs were from the north of Thailand. Further out in private dwellings there were Cambodian CSWs who were serving mainly Cambodian fishermen working on Thai fishing boats.

6) Paak Klong Sanaam Kwai harbor is a land-linked port where many boats dock to refuel. Large exchange of produce and goods between Thailand and Cambodia occur there. Pak Klong had hotels, restaurants and approximately 20 brothels (minimum estimate), each with on average of about seven CSWs (see map of Pak Klong).

7) Many respondents mentioned Kompongsom harbor in Cambodia as a popular port. Kampongsom, also called Sihanoukville, is the largest port in Cambodia. It is a major commercial center and has active trade similar to that of the Pak Klong-Sao Tong zone. Vietnamese women predominate among the CSWs. This harbor is the first place of entry for many Thai fishermen on mainland Cambodia and is frequented mainly by medium to large fishing vessels. As discussed earlier, some boats off-load and sell the fish in Kampongsom, fill up with gasoline because it is cheaper in Cambodia, repair their vessels, and allow their crews some leisure time. On these occasions both captain and boat crew take the opportunity to frequent brothels or get acquainted with the local population.

8) Only a few Thai boats dock as far as Vietnam. Vietnamese ports are reported to have fewer than those in Cambodia, but we were not able to thoroughly verify this information. However, it is more difficult for Thais to enter Vietnamese territorial waters, let alone dock, without going through official channels. Though by informants reported frequenting CSEs in Vietnam, we doubt that this practice is very extensive.

As discussed in the previous section, the movement of fisherman in the coastal regions of Thailand, Cambodia and Vietnam allows convenient access to CSEs in all three countries (to a lesser extent in Vietnam). Frequenting CSEs is considered common behavior by captains and boat crew. The secretary of the Fishermen's Association described the fishermen's lifestyle succinctly by citing a local expression:

> Fisherman sleep like dogs, eat like pigs but entertain themselves like kings.

The phrase implies that fisherman are not selective about where they sleep or what they eat but, when it comes to entertainment, they seek the best. Entertainment here includes frequenting drinking establishments and night spots in ports which boats visit as well as CSEs (fnp (field notes) page 175). One informant stated in an interview (fnp 210) that he did not frequent brothels before marriage because he was not yet a fisherman, but after marriage he was employed on a boat and during visits to various ports decided to frequent the many brothels on the islands. This man said he had sex with both Cambodian and Vietnamese commercial sex workers while in Cambodia. The most convenient way of going to commercial sex establishments for many fisherman who are new to this activity is to pay a Cambodian soldier to take them to the various brothels as a guide. The soldier thus acts as both an interpreter during negotiation over prices as well as a body guard for the group. Many Cambodian soldiers are willing to do this for a small sum because their income (approximately $3.50-4.00 a month) is very low compared to that of Thai fisherman.

According to one fisherman, everyone must frequent commercial sex establishments:

> It is seen as a necessity for fisherman because at sea all one sees is sky and ocean and that once ashore even a dog's vagina looks sexy (44 year old Thai fishermen, fnp 216.1).

Such comments were quite common in the in-depth discussions with fishermen and were mentioned as a common phrase among the fishing populations (fnp 48, 119, 215.1). Another reason stated for frequenting commercial sex is that being absent from the family makes fishermen extremely lonely; by one estimate, about 80 percent of fisherman engage in commercial sex activity when they dock (case 210).

> I have fishing friends on 17 to 18 boats. Almost all on every boat frequent commercial sex. Even some that are 60 years old (meaning boat captains) still go for commercial sex (fnp 216.1).

Frequenting commercial sex is also seen as a group activity for many fishermen. Fishermen congregating in harbors for rest and recreation tend to socialize together. Nightly entertainment for many may involve drinking and discussing various issues, including sex. One or more of the group may suggest, directly or indirectly, that the group visit CSEs in the area. This group activity is seen as a way of demonstrating friendship among group members. Captains usually go out as a separate group and boat crew go out together.

Commercial sex of captains of fishing boats: Captains are in contact with each other when at sea via transceivers. One form of leisure activity for captains of boats is to talk to one another through these radios. A common topic of discussion is women that they know or have had sex with at the different ports they visit. Some captains also refer

others to visit certain women in Kampongsom who are widows and are willing to have sex with some persuasion or cash gifts. Captains would arrange for their boats to dock at the same time as their friends (fnp 214.1) (fnp 217.1). Frequenting widows for sex received considerable discussion among captains in our in-depth case studies. Some of these war widows are still young and attractive and because of their poor economic status, are willing to have sex with Thai, Vietnamese and Cambodian men on either a regular or casual basis, depending upon how well they get along. One captain stated that he was able to have sex with a widow the first time by offering her 500 Baht, an extremely high price many widows would find very difficult to refuse (fnp 215). It was further stated that of those captains who go to Vietnam, about 95 percent of them will have a sexual relationship with a non-commercial sex worker (fnp 217). Although this estimate seems high, it indicates that cross- border sexual links with women outside the formal commercial setting are widespread among the fishing populations. Of the three captains with whom we conducted in-depth discussions, all three stated that they had an on-going non-commercial sexual relationship with either a Cambodian or Vietnamese woman.

During our discussions with captains it was interesting to note that they did not seem to look down upon or treat these war widows as prostitutes. Our impression when we were discussing these issues with captains was that they seemed to feel sorry for such women and desired a semi-regular relationship with them.

The captains also discussed sexual activity with women in language schools in Cambodia. Captains are seen by many people in Cambodian ports as men with lots of money. This allows them to strike up relationships with women who attend language school to further their education either in Phnom Penh or in Kampongsom. Languages taught include Thai, English and French. The relationship is struck after classes are over when the men invite the women out in groups to night spots around town.

The distinction between minor wives and non-commercial sex partners is always tenuous. There is no clear-cut distinction because each informant may have a different definition of who is a minor wife and who is a regular non-commercial sex partner. Nevertheless, captains discussed the issue of minor wives in Cambodia extensively. The captains were of the opinion that many captains did not seem to be bragging or exaggerating to show off to the researchers but were remarking on a very pervasive phenomenon. One captain (fnp 210) stated that he had two minor wives, one Vietnamese and one Cambodian. Another captain (fnp 216), mentioned earlier in this report, said that about two out of three captains (from the 17-18 boats he knew) have on-going non-commercial relationships in Vietnam.

The captains' responsibility is to guide the boat to the fishing areas. They have the authority to make all decisions on the boat (called the 'dtai' in Thai). We were informed that captains average about 8,000 to 10,000 Baht ($320 to $400) a month. Because of differences in age, experience and income junior crew members must defer to the "dtai" resulting in a lack of close friendships between them. When on shore, both groups separate.

Junior crew of fishing boats: Many of the junior crew on these boats come from the northeastern regions (the poorest) of Thailand and Cambodian. Some Vietnamese men are crew members on these boats, but most are Thai and Cambodian. The age range is approximately 15 to 25 and all are male. They are mostly single and form close knit friendships with their fellow crew. When on shore they will drink, carouse and gamble together. Despite their friendships, the long periods at sea are stressful for these young men. Sexual release can be pursued through masturbation, sex with a spouse, sex with CSWs or sex with a casual partner. However the culture of fishermen in this area

strongly discourages masturbation or any sex at sea because this is believed to jinx the boat.

> Nobody masturbates on board the boat (group discussion with Cambodian fishermen, fnp 48).
>
> On the boat nobody masturbates because something bad might occur like the fishing net breaks . . . or if a boat crew masturbates something very bad might happen like they get no profit from their catch." (42-year-old Thai captain of fishing boat, fnp 214.1).

Pornographic books and videos (for large boats) and nude calendars are allowed on board but masturbation is not. This norm of abstinence increases the pressure to have intensive sexual experiences when on shore. At the ports, it was estimated by one informant that at least 90 percent of the crew engage in commercial and casual sex. This is seen as natural and expected.

The income of the fishing boats varies. On one trip (two to three weeks) a fisherman on a medium-size boat can earn $4,000 to $8,000 gross. After deducting costs, the remaining profit ranges from $400 to over $3,000. The "dtai" can earn on average $400 a month, while the junior crew can earn anywhere from $120 to $280 per month. If particularly valuable fish are caught on a trip, bonuses are awarded. Because they have no expenses at sea, fishermen can be considered to have a high income. On the other hand, the opportunities to squander savings through gambling and other avenues as listed earlier are also great.

Engaging in commercial sex is one of the most prized activities of the fishermen and having commercial sex is considered part of their lifestyle. Many of the young boat crew state that one of the first things they do when they dock in a harbor is go straight to a CSE. During such visits, if they are not careful, they may ejaculate within the first few minutes of sex. Because of this some fishermen resort to putting on "prolong" or "Marathon" cream to numb the penis head so that they can get their "money's worth" when having sex. Though it is uncertain whether allowing masturbation on boats would reduce commercial sex visitation, the consequences of the taboo provide some understanding of the perceived need to reduce sexual tension through such visits.

It is generally accepted that boat crew and captains have separate sexual behavior practices. The team was informed that, because of age and economic status, junior boat crew do not try to have any type of relationship with local women either on the islands or the Cambodian mainland. They typically frequent CSEs only, and in groups. Most boat crews stay together and do not join crews from other boats as they are not in regular radio contact like the captains. Only on rare occasions do both captain and boat crew frequent CSEs together. Under these conditions the captain may pay for the crew or it may have been prearranged that the outing was to be paid for by the owner of the vessel (fnp 219).

### 4.2 Lifestyle of men who are not fishermen

The potential danger in border areas means that a large proportion of people who cross back and forth must engage in various activities in order to acquire any amount of economic remuneration. We were informed that some activities are illegal. Because of this transitional nature of occupations in the border areas, and the potential danger to the

research team in searching them out, we decided to focus our interviews on the population with more stable occupations.

Information from the border areas shows that many displaced populations have moved to the border to become porters carrying goods back and forth for travelers for a small tip. Some Cambodian teachers, soldiers or government employees in the border areas have also decided to become push cart operators carrying goods back and forth between Thailand and Cambodia because of the higher monetary remuneration.

A considerable number of Cambodian men and women are engaged as porters between Thailand and Cambodia. Also a significant number of poor Thai landless laborers are push cart operators. Both Cambodian and Thai porters frequent lower priced CSEs on the Cambodian side of the border. In one particular area (discussed in a previous section), called 'behind the temple CSEs' by locals, the prices for sex is 30 Baht, or $1.20. This price is negotiable, and when there are few customers the CSW may charge significantly less than the going rate.

We believe that a large majority of the transitional population in the area engages in small-time smuggling. This is done by porters who assist unaware travelers or tourists by carrying the goods they have bought in Cambodia for them. Since most plastic bags provided at markets in Cambodia are black, it is not possible to see the contents of bags. A porter may act as a guide or just hang around the travelers, carrying goods throughout the day and finally carrying them back to the border area. During this time an associate would hand the porter an extra black bag (or two) containing cigarettes, whiskey, marijuana, gold or other smuggled goods. The smuggler would continue carrying these bags across the border and then inconspicuously hand the bag of smuggled goods to another associate awaiting the other side. He would finally return the rest of the bags to the traveler carefully reminding the traveler that all of the things he purchased were accounted for. If the smuggler was searched by police or solders during the crossing, he/she would just say that everything in the bags belonged to the traveler, including the smuggled goods.

Tee, a Cambodian push cart operator who was once a policeman, exemplifies the transitional nature of occupations in the border area. Tee is able to acquire about two to three dollars a day as a push cart operator compared to the $3.50 a month he made as a policeman. His push cart is similar to the many push carts seen along the border. It has two large bicycle wheels and is approximately six feet long. Tee can push up to six people in the cart from one side of the border to the other for about 5 to 10 Baht a trip (20 to 40 cents). Larger carts, with motor vehicle wheels are also available to carry goods weighing up to thousands of pounds. At least half a dozen men are needed to push them.

We observed push carts under the houses of many villagers in some Thai villages near the border. One that we entered was owned by a man named Mr. Dee (pseudonym) who was approximately 40 years old. Dee has a small push cart for transporting goods back and forth across the border and has been doing this for four years. He makes about 200 baht a day, which is much more than he could get as a wage laborer in rice fields. Dee says that on days when there are many tourists in the area he can make up to 400 baht a day. It is likely that Dee is able to make more money than Tee because he negotiates higher prices from Thais on the Thai side of the border.

There are many other opportunities to make money along the border. One is to engage in a small business by buying things in one country and selling them in another. Illegal activities such as dealing in untaxed goods or drugs can also be undertaken. Such business operations can bring in a lot of money for poor individuals if they are not

caught. One informant named Piak (pseudonym), bought untaxed cigarettes in Cambodia and resells them on the Thai side for a large profit. In addition to selling cigarettes, he also buys marijuana, which is sold openly in the markets across the border, and resells it on the Thai side. Piak states that he has to engage in such activities because he is very poor.

> I get cigarettes from the Cambodian side and sell them in Thailand...I also do other little things...smuggling...Oh! One has to make a living, you know. Here [in Aranyaprathet] I am doing okay..both cigarettes and kuncha[marijuana]..

Piak also kills dogs on the Thai side to sell in Cambodia to both Cambodians and Vietnamese. For large dogs of about 20 kilos, he is able to get around 12 dollars each. The dog meat is bought and made into meat balls for noodles and sold for 10 Baht, or approximately 40 cents a bowl. Piak once also sold pots and pans bought on the Cambodian side, but the police confiscated his goods and he went bankrupt. When we met Piak he had just served a 100-day jail term for smuggling cigarettes across the border for sale. His case is just one example of the various small-scale illegal activities that abound in border areas.

We also met a young Cambodian man named Lert (pseudonym) who has been married for five years to his second wife and now has two children. Lert is also a porter and makes up to eight dollars a day. Lert told us that he has engaged in commercial sex frequently in many other cities such as Battambang, Phnom Penh and Koh Kong. Lert's wife was pregnant with their second child.

There seemed to be a large population of unemployed men in the Aranyaprathet area. These men work as porters or push cart operators or even beggars. A large number of men would congregate around tourists or travelers from the Thai side, ready to provide assistance of any sort. As reported earlier, this population numbers in the thousands along the border area. Their daily life involves assisting travelers, pushing goods back and forth, and begging. They are also more than willing to provide guided tours to all CSEs in the Cambodian side at a moments' notice. In our conversation with Piak (above) we were invited three times to tour the local CSEs, where he would show us the best girls for no more than 4 dollars each.

### 4.3 Wives of fishermen

Wives of fishermen lead various lifestyles. Some are engaged in market trading and others stay at home to raise children or keep house. Some occasionally ride the boats with their husbands. Many of the fishermen have been married before or have had multiple wives. All informants said they were confident that their husband is faithful to them. When probed about the possibility that their husbands engage in commercial sex, the wives admitted that it is a possibility but consistently denied that their husbands had relationships with other women who are not CSWs. Wives echo the prevailing lore that it is normal for men to visit prostitutes occasionally because it is boring having sex with only one woman. Also, given the hard work they do and the long periods away from home, it is understandable that the men have to seek release this way. Husbands of other women behave this way -- it is the norm.

A number of the informants did not know whether their husbands still engaged in commercial sex and said they did not want to know. This is because if they know they

would be angry and get into a fight if they knew the truth, so they avoid it. Even if they asked, the husband can always deny the fact. Most of the wives we had discussions with thought their husbands might have slept with prostitutes before but had given it up after marriage because "he is a faithful man." Others believe that their husbands have no opportunity to be unfaithful because they are on the boat all the time and just with other men. The wives feel it is preferable for the man to have commercial sex occasionally rather than a more long-term relationship with another woman.

Wives who acknowledge that their husbands engage in commercial sex activity report that their husbands will usually drink whiskey beforehand and go in groups. The women recognize that peer pressure pushes the man to stay with the group for visits to CSEs - otherwise he will be teased as being "afraid of his wife". The women encourage their husbands to use condoms when they have commercial sex, but they can never be sure that they do. The wives who have not caught a STD from their husbands feel confident that they are using condoms for all commercial sex. Some of the other wives said they had been given an STD by their husbands. A general practice is to deny the husband sex if he has an STD. The wives recognize that if their husband is particularly drunk, then he may not always use a condom. None of the informants ever gave supplies of condoms to their husbands.

Except for one informant, all of the fisherman's wives said they did not have affairs with other men when their husbands were away. In one case, the woman reported that some fishermen's wives drink and play cards with men because they are lonely, and get caught up in extramarital affairs. She feels that few of the fishermen's wives truly love their husbands.

### 4.4 Attitudes toward risk of wives of men who are not fishermen

Most of the Thai women married to men in jobs other than fishing recognize the social norm that condones commercial sex. Although single men practice commercial sex more than married men, married men may do it when their wives are pregnant. Two Cambodian women we talked to looked down on husbands who go for commercial sex and thought the men should be caned. They recognized, however, that it was acceptable for single men to sleep with prostitutes.

The wives believe their husbands do not engage in commercial sex; if they discovered their husbands had done so, they would be more fearful (of disease) than angry. Although they know single men engage in this activity they do not know where the CSEs are. They also observed that this behavior is on the decline since the advent of AIDS.

Most husbands will not tell their wives if they go for commercial sex. Instead the women look for "traces" of evidence such as a sweeter smell when the husband comes home from work or traces of talcum powder on the back. If their husbands engage in casual sex with other women it is more likely to be with workers at nightclubs, restaurants and beauty parlors or students.

### 4.5 Commercial sex: from the view of the customers

In Koh Kong there were approximately 30 brothels of varying size, with two to over 40 CSWs. Ethnically, the commercial sex workers in this area were either Vietnamese or Cambodian. No CSWs of Thai nationality were observed, and the Vietnamese outnumbered the Cambodians by a large margin. The customers of these CSWs were primarily Cambodian, followed by Thai and Vietnamese men. The Cambodian

customers included soldiers and sandalwood loggers. Thai clients were also sandalwood loggers and traders. Vietnamese clients were rarer, but were usually businessmen and fishermen. Thai customers were reported to use condoms the most. Cambodians were inconsistent users. More clients were married than single. Out-of-town visitors mostly have commercial sex at brothels, whereas local residents take CSWs out of CSEs and go to a local hotel.

Although the movement of Thai men seeking commercial sex in this area occurs daily, the heaviest influx is on weekends. Vietnamese CSWs prefer Cambodian and Thai CSWs because of their lighter complexions, attractiveness, cleanliness, and eagerness to please.

When asked about differences between CSWs of different nationalities, fishermen were quite opinionated. Because their occupation allows them to have commercial sex with women of different nationalities, they seem to enjoy "checking out" CSWs from different countries purposely to compare and contrast the perceived differences. The preference for Vietnamese CSWs is very clear from in-depth discussions with fishermen. Compared to Thai and Cambodian CSWs, Vietnamese CSWs are seen as more attractive (fnp 210) and prettier (fnp 213.1). They are paler in complexion than Cambodian CSWs. Fishermen say that they prefer to choose women who have a lighter complexion because their own complexion is very dark. Lighter complexion also gives the impression of cleanliness. Vietnamese CSWs are also seen as having nicer bodies, more slender than those of Cambodian CSWs. It was also mentioned that Vietnamese CSWs know how to please their customers much better than Cambodian or Thai CSWs (fnp 216).

> Vietnamese (CSWs) are good at pleasing their clients and have high tolerance levels--that is, they do not complain or say anything bad (to clients). If having sex for a long time--that is, more than 20 minutes (they won't complain). A Thai (CSW) would complain a lot and we would be charged more (Thai fisherman, fnp 214).
>
> I prefer Vietnamese CSWs because they know how to please a man (Thai fisherman, fnp 216).
>
> Fishermen prefer Vietnamese CSWs (Thai fisherman, fnp 217).
>
> I don't really know why, but fishermen like Vietnamese CSWs (Thai fisherman, fnp 219).

In one case (fnp 210) a fisherman said that he liked "new", young CSWs. He noted Vietnamese CSWs were cheaper than Thai and Cambodian CSWs and also more attractive. He stated that:

> Vietnamese (CSWs) know how to please their clients more than Cambodian and Thai (CSWs). They really know how to please. Whatever one wants them to do, they will do it for you (Thai fisherman, fnp 210.1).

Aside from appearing and smelling clean, the Vietnamese CSWs are reportedly much more assertive. Sometimes they will physically pull a man inside ("they almost carry you"). They speak sweetly and politely and are more tolerant and indulgent of the man during sex. For example, the Vietnamese CSWs are more likely to have sex in different positions or perform acts that the man asks them to do. In these cases the client usually tips an extra $4 or $8, depending on the act. Thai CSWs are not preferred because they are more strict with time and practices (unlike Vietnamese women).

Cambodian men also prefer Vietnamese CSWs, but there were some individuals who preferred Cambodian CSWs because they are less popular and therefore less 'used'.

A few fishermen, while accepting that the Vietnamese CSWs please better, stated that the Cambodian vagina was tighter than Vietnamese CSWs and that this encouraged them to choose a Cambodian CSW.

> I like Cambodian (CSWs) more because when I had sex with Vietnamese (CSWs) it felt really loose, but with a Cambodian (CSW) it feels more compact and more sexually pleasing. Cambodian (CSWs) also smell bad. Still, when compared to a Cambodian (CSW) a Vietnamese CSW's vagina seems to have no walls" (42 year-old married fishing boat captain, fnp 213.1).

The above mentioned fisherman also said that Cambodian CSWs are more honest than the Vietnamese CSWs.

> I like Cambodian (CSWs) because they are very honest and trustworthy (op.cit. fnp 214).

Comparing the prices paid for commercial sex with the Cambodian gross annual product per person of only US $130, one can see that the CSE business is highly lucrative (Thayer, N and Chander, N[1994] 'Things Fall Apart' Far Eastern Economic Review 19 [May]:pp 16-19). The price for sex varies. Prices are highest when a woman is new to the locale. These prices start at about $20 for a short time. After a woman works for two or three months the price for sex will decline to $4. Increased competition, especially among the Vietnamese CSWs, allows the client to bargain for lower fees, but these rarely go below $4. The fees for all-night stays with a CSW range from $10 to $40.

### 4.6 Consequences of commercial sex

Clients rely on pharmacies as their point of first contact when they have a sexual health problem. If their condition worsens or is not cured, then the men will seek out a physician. A common practice is to purchase drugs after STD symptoms appear. Many pharmacies, registered and unregistered, were seen in the research sites.

A general observation is that the men are not particularly concerned about maintaining good health. They "fear going without sex more than fearing AIDS". Both the men and the CSWs repeated this phrase often. One reason men said they do not seek medical treatment for STDs is that they are embarrassed by the doctor. What is more, when they buy medicine for STD from a drug store, they will pick a pharmacy with a male drug seller--the older the better.

Another common practice is to purchase "ya lang" or "ya chut" soon before or after having commercial sex. "Ya chut" is literally translated from the Thai as "packaged medicine". It usually consists of a few capsules of one or more antibiotics and an additional vitamin or metabolite. The pharmacists or drug sellers package the medicine themselves. This practice can be viewed as a natural social marketing of STD drugs, but proper doses and drug specificity are not controlled.

### 4.7 Knowledge of HIV/AIDS among men and women

Knowledge of AIDS: Awareness of HIV/AIDS has increased in Thailand during the past several years. The MOPH provides STD-related services in every government district hospital in the country. In many of these hospitals, anonymous testing clinics have been opened. Appropriate health care practices and promotion of condom use are continual programmatic activities undertaken by public health personnel. Knowledge of HIV/AIDS in the low-priced CSWs, as well as the general population, can be considered to be extensive (Social Context of Condom Use in Low-Priced Brothels:IPSR, 1994). Prevalence of condom use in CSEs have also increased during the past several years.

Most HIV/AIDS campaigns, however, occur in the provincial capital and don't penetrate the more remote areas. There has not been any substantial HIV prevention activity in either of the border areas where this assessment was conducted. The results of this lack of activity were clearly seen to the research team. Few of the people we interviewed were informed about HIV/AIDS or perceived a need to use condoms, in contrast to the higher levels of HIV/AIDS knowledge and reported condom use in urban provincial areas of Thailand.

> I have heard of AIDS, but I've never seen it. I'm afraid of it, but I don't understand the symptoms (Cambodian motorcycle taxi driver).
>
> I don't know what AIDS really is. I've been told about it by the Klong Yai hospital staff when they came to take blood. I'm scared of it" (Cambodian timber worker/logger).
>
> I am sure I don't have AIDS because my body is strong" (Cambodian logger).
>
> I have heard about AIDS on the TV and it is frightening. But I don't really understand it yet and don't know the facts. I know it is fatal, but I don't know how long you have to live. I, myself, am not at risk because I am still strong (Cambodian policeman).
>
> One can get AIDS from promiscuous behavior, get it through blood (Thai Barber's wife).
>
> I have heard of AIDS. If you get it you would just die. There is no obvious wound or sore, you would just turn yellow and die in the end (Cambodian Porter Aran-V 158).
>
> Ans: I really don't know about AIDS. I just know that people say that if one frequents commercial sex a lot one will get AIDS.
> Q: Do you think men are afraid of AIDS?
> Ans: No, they are not.
> Q: Why?
> Ans: One cannot tell who has AIDS or not, everyone is the same....
> Q: What about the men who frequent commercial sex?
> Ans: I don't know, I have not asked anyone (Cambodian female salesperson 2).

It is not surprising that language barriers play a role in information dissemination: Cambodians seem much less informed about the AIDS epidemic than Thais. Thai males knew about the modes of HIV transmission and preventive practices. Some Thai and

Cambodian men we talked to, however, mistakenly believed that when someone has AIDS (HIV infection), his skin will break out in spots. Some Cambodian men still insist that AIDS is not real and was invented by governments to motivate men to stop having commercial sex. Few people on the Cambodian side say men don't go for commercial sex because they are afraid of AIDS (fnp 164).

From in-depth discussions with informants we concluded that HIV/AIDS was not a terribly salient concern. The relative poverty we witnessed, the disparity of income between people on the Thai side and those on the Cambodian side, and the more observable symptoms of sickness due to malaria, malnutrition and victims of warfare, have overshadowed any awareness of or concern about the emerging HIV epidemic in Cambodia, which could cause great loss of life than recent military conflict. Making a living and remaining above subsistence seem to be of more urgent concern.

### 4.8 Commercial sex establishments in the neutral border area

Indirect formats for commercial sex are prevalent. The current crack-down on child prostitution in Thailand has reached the border areas and has caused some conversion of brothels to restaurants and snooker halls. Waitresses and score markers in these establishments used to be brothel CSWs. Massage parlors are also fronts for more direct commercial sex. Very few establishments display CSWs as in the past, sitting in a room or on benches. In addition, prices for sex have to be negotiated and the prices are generally higher than before.

Unlike most CSEs in provincial capitals and large district towns in Thailand, the establishments in these border areas are generally outside the medical service system. No public health outreach is evident, whether to provide health advice or consultation. The Cambodian CSWs operating on the Thai side never went to the STD clinic at the district hospital for fear that their establishment will be closed down. Though local health center personnel are well aware of the existence of the CSEs they seem to not be interested in providing any health services to them.

The Vietnamese networks for recruiting sex workers along the border area are more developed than the Cambodian networks. This is one reason that more CSEs have Vietnamese women. An example of such an CSE is one owned by a former teacher from Vietnam. The sex workers are rotated to and from other establishments every three to six months. At any given time, this CSE has a virgin (or a woman who only recently sold her virginity) to attract customers. The owner's wife helps recruit young women through a network of agents in Vietnam. She begins her circuit begins in Ho Chi Minh City and travels over land to Phnom Penh, where she manages a brothel. From Phnom Penh she travels to Kampongsom. From there she will take a 12-hour boat ride to reach the Haad Lek border area at the tip of Trad Province. This is a good site for CSEs because there is a lot of cash changing hands and many itinerant travelers and workers. It was observed during the site assessment that many more CSEs are being constructed. However, their are no public health and social services for the women in these establishments.

In the Aranyaprathet border area similarly, CSEs exists independently as business ventures. All CSEs are openly displayed and some have extroverted girls who openly attract males who walk by their shop houses. (see previous section). The Cambodian police stated that there were 95 registered brothels in the entire district, but that another 50 unregistered may also be in operation (see map).

## 4.9 Commercial sex: voice of the CSWs

The following information presents the perspective of the CSW herself. CSWs list the following nationalities of male clients in order of frequency as follows: Cambodian, Thai, Vietnamese, Singapore, Malaysia, Taiwan respectively. Of the 50 CSEs in both Haad Lek and Aranyaprathet border areas that we visited most CSWs said they did not like Vietnamese clients. The reason was that the Vietnamese men were too inquisitive, asking personal questions, and were picky. Many Vietnamese CSWs liked Thai customers the most. CSEs with Cambodian CSWs generally tended to have only Cambodian customers because of a similar language. They state that Thai men who come to these places usually only sit and drink whiskey in a group and it is not always possible to distinguish nationalities because many men are bilingual.

The number of clients ranges from 1 to 4 customers per night per CSW in Haad Lek. The average is probably around 2 customers per CSW per night. When asked the duration of work for CSWs the most common response was 1 to 3 months. (Note: This reflects the duration of work at particular CSEs but not duration as a CSW. There is a tendency to under-report number of customers per night and duration in commercial sex career in order to increase the price for sex or protect the management from harassment).

The Vietnamese CSWs we had discussions with seem to have planned their entry into commercial sex more carefully than the Cambodians. Many Vietnamese reported that they voluntarily entered the profession. They did this by talking with other women who had been CSWs. Many said they saw prostitution as a viable economic choice when faced with hardship (such as a broken family, many siblings). By contrast the Cambodian CSWs didn't seem to have actively chosen this profession. Cambodian CSWs seemed to be less urbane and worldly wise than their Vietnamese counterparts. The Cambodian CSWs mostly came from the rural areas and had different customs or practices from the Vietnamese CSWs. A number of Cambodian women reported that they were widows (from the war) or had been left by their husbands.

The case of Ajim may be typical. She had a Cambodian lover for one year. She had sex with him on a regular basis. Once pregnant, she went to see her lover at his home but discovered he already had a wife. He had never told Ajim about this woman. Ajim was broken hearted at the age of 16. She crashed her head against the wall of her house and fell unconscious. Eventually she had an abortion. The price of abortion increases with the duration of pregnancy and the cost of the abortion plus medicine cost her over $40. Since Ajim did not have enough money for the total cost she borrowed money from a loan shark. After the abortion she had to rest for 2.5 months (she was five months pregnant at the time of the abortion). At that time she learned that she would have to work as a CSW to pay off the debt. The following are other examples of situations leading to the choice to enter commercial sex:

> A 16 year old Cambodian CSW named Chan (pseudonym) came to this particular CSE because she did not earn enough from selling fruit in the market so came to Koh Kong with her mother, now her mother is in Poi pet.
>
> A 20 year old Cambodian CSW named Leau (pseudonym) got married at age 18 but her husband got ill and died so she sought work in commercial sex.
>
> A 21 year old Cambodian CSW named Pawa (pseudonym) got pregnant by her husband and an abortion by a Cambodian midwife at seven months because her husband did not want her to have a child yet. She was upset

with her husband's unruly behavior and wanted to be free of him and decided to leave him.

### 4.10 Fees for commercial sex

The fee for sex ranges from $1 to $10. The most important determinant is how new the CSW is to the establishment. All night stays are charged $16 to $20. The brothel owner collects a pre-determined percentage. This percentage ranges from 30% to 50%. Vietnamese CSWs we had discussions with remit more of their earnings to relatives than do the Cambodian CSWs. The CSWs send the money through trusted traders who travel among the three countries.

For Nui (pseudonym), a Vietnamese CSW in Aranyaprathet, she states that when she accumulates enough money would travel back to Phnom Penh to give this money to her father. She does not like Phnom Penh because there are many Cambodian men there and she does not like them. When she has enough money saved up she would like to go back to Vietnam with her parents. Her bond was $400 and she has already paid off $300. She averages about five clients a night at $8 each, the owner takes 50 percent. She prefers Thai clients because they talk nice to her. 'Cambodian men hate Vietnamese and say very bad things to us.' Nui once had a regular Thai client whom she considers as a true lover but now he has another woman.

A 17 year old Cambodian CSW states that her cost is seven dollars and the owner takes 50 percent. She has about 3-4 clients a night.

Another 17 year old Cambodian CSW (reference Aran 3-kc) was lured into the sex industry by another CSW who sold her here for $200. At the moment she is repaying this off. Her father does not know she is working here.

In comparison to the Haad Lek neutral border area our impression is that the average number of clients in the Aranyaprathet area is slightly higher at 3-4 clients compared to the 1-2 clients in the Haad Lek border area. This is likely due to higher trading activity in the former area and convenience of overland travel as opposed traveling by boat.

These women also report crossing the border often to provide services on the Thai side. Chan also tells of being forced to have 'gang sex' on the Thai by five Thai men but being paid only $4. She has crossed the border for sex with Thai clients five times in the past.

### 4.11 Use of condoms: voice of the customers

The campaign to promote condom use in all CSEs has increased awareness and condom supplies in all areas of Thailand. Interviews with male customers in the border areas revealed the level of condom use and reasons for non-use or breakage.

Condom use is more prevalent among Thais than Cambodian commercial sex customers. Stated motivations for using condoms is disease-prevention as men recognize condoms as an effective prevention device against STDs and AIDS. Some men like to use novelty condoms with ribs or implants in the belief that this will stimulate the woman. Some men also report heightened stimulation with the modified condoms. Some CSWs report that they do not like condoms with ribs or attachments as they are painful for them.

Those who have experienced condom breakage explain that this is due to vigorous sex, poor quality condoms or improper technique.

Not using condoms during commercial sex derives, in part, from the perception that condoms reduce sensation and dent fulfillment. There is also a psychological feeling of less pleasure that is independent of the physical sensation. Other men do not always use condoms with their regular partners. Men also visually screen potential sex partners for risk; some believe that the clean looking women should not have any disease and therefore does not need to use a condom. Finally there is a small group of men who either deny the existence of AIDS or want to prove that it is a hoax by not using condoms. As a group, fishing boat crews have low condom use levels.

> Q: Do you use condoms with CSWs?
> Ans: Sometimes yes, sometimes no.
>
> Q: Who does it depend on, you or the CSW? Ans: It's up to me; I'll look at her appearance. If she is pale then she is risky for some STD. If her mouth smells nice and she has good blood then she is not infected (Haad Lek: young fishermen).
>
> Q: Do you wear condoms every time you have commercial sex?
> Ans: Not every time.
> Q: How can you tell when or when not to use.
> Ans: I don't tell, three days ago I went to a CSE and I didn't wear a condom because I was drunk, she washed me also, the next day I got an open sore (160: id aran v-male Cambodian porter).
>
> Q: I have never used condoms at all. I know that they are available but it is not good to wear them...when I ejaculate it is not exciting (unemployed Cambodian male).
>
> Ans: The women (CSW) put it [condom] on for me.
> Q: What if you refuse?
> Ans: If I refuse it is still okay. They want to please us, we can wear it or not wear it, up to us (op.cit).
>
> Ans: Most of the time it is up to the man whether to use [a condom] or not. The woman (CSW) would not force him. I do not think that there would be a CSW who would refuse to have sex if the man refuses to use a condom because she would have to do everything to please him, especially Vietnamese women (Aran businessman: 299-302).
>
> Ans: In Kampong Sohm I have had commercial sex but I never use condoms.
> Q: What about Koh Kong?
> Ans: In Koh Kong I also have never used condoms (31 year old Cambodian laborer married with one son, fnp:93-99).
>
> Q: [In Poipet] If you don't wear condoms will the CSWs let you have sex with them?
> Ans: Here if you don't wear it then they won't have sex with you (op.cit).

However, later this particular case states that:

> Ans: If I don't wear condoms then I would buy some medicine afterwards, two tablets of medicine (166-166).

The research team were surprised to encounter very open acceptance by many men that they never use condoms or use condoms only some of the time. The casual comments made by men that CSWs are willing to have sex with them without using condoms is noteworthy. These comments made by the men we had discussions with were not bragging in the sense that they were able to have sex with CSWs without condoms. For such men condom use is not a norm, in any sense of the term, in the border area, it is seen as not a necessity and non-use is seen only as a low risk for contracting an STD. AIDS, we believe is not clearly understood as related to consistent condom use.

### 4.12 Use of condoms: voice of the CSWs

When asked, some CSWs will automatically say that they use condoms with all customers. However, after in-depth discussions, differences emerge among the different types of CSWs. Generally, Vietnamese CSWs tend to use condoms more consistently than Cambodian CSWs. CSEs with Vietnamese CSWs seem to have much more health conscious policies than Cambodian CSEs. In Cambodian CSEs the CSWs and managers seem indifferent to the health and welfare of CSWs. This is the impression the research team had discussing general health care practices as well as levels of condom use and opinions on STD prevention. In CSEs with Vietnamese CSWs we were told that there is training for the CSWs in hygiene practices and that Vietnamese brothels have a supply of condoms in stock. Some of the Cambodian brothels we talked to had no condoms available either for sale or distribution. The atmosphere is also one of resignation concerning use of condoms. The CSWs and management feel it is up to the man to decide whether he uses a condom or not.

In an area known as "behind the temple" (lung wat) in the Aranyaprathet area, where another group of Cambodian brothels are situated we were informed quite casually by two Cambodian CSWs that on average they would use a condom with one out of 10 clients they had sex with. This was after the principal investigator's Cambodian interpreter, Mr Wijarn (pseudonym) informed them that we were there to learn about health practices of Cambodian CSWs. We are confident that these two Cambodian CSWs were not trying to conceal levels of condom use or any deceptive attempt to get free condoms from the team.

CSWs will consent to unprotected sex if the man offers more money or if they are threatened by management of being fired or beaten.

> Chan: Some clients use condoms but some don't.
> Q: What do you do if the clients don't want to use condoms?
> Chan: I don't do anything (Cambodian CSW 17 ARN-3kc).

> Chan: People higher up (meaning high socioeconomic status) would use condoms but the lower people would not at all (op cit. fnp 105-109).

> Chan: For some who are drunk they refuse to wear [condoms] but some still wear it because the girls would put it on for them (op.cit fnp 207-210).

Also, CSWs do not insist on condom use with regular partners who they perceive as only sleeping with them or not likely to have an STD. Strangers are generally required to use condoms the first time (until they become regular partners).

CSWs observe that Thai customers use condoms more than Cambodian men.

> R: Cambodian clients do not like to use condoms but Thai clients will all use condoms. Thais bring their own condoms (Aran, 18 year old Vietnamese CSW fnp 42-48).

> R: Thais would bring their own condoms, there are some condoms for sale in the brothel but Thais don't like them because there is not enough lubrication (17 year old Cambodian CSW).

In probing structural factors that work against consistent condom use the following issues are noteworthy: these include threats to the CSWs by management; the constant rotation of CSWs (approximately 3 months); the premium on virgins and recent virgins for whom the male customers see no reason to use condoms with. Recent virgins are young CSWs who have had sex with only a few men, usually stated by CSE proprietors as no more than 10 times. The perceived likelihood of recent virgins being infected with disease, though more than virgins, is much less than experienced CSWs. For this reason many customers do not see the need to use condoms.

Not all CSWs want to use condoms either. Common complaints include pain while using condoms, others cited reduced sensation. There is the belief by some CSWs that condoms can also cause cancer.

> I have heard that if one uses condoms too much one can get cancer (Cambodian CSW, case. 024).

Also, the CSWs observe that condoms may break or tear and this is a deterrent to use. Of the 41 informants from both focus group and in-depth discussions only three stated that they used condoms with all their sexual partners. Conversely 14 CSWs readily admitted that they did not use condoms with all of their sexual partners.

For treatment of illnesses, Cambodian CSWs prefer to use services from private clinics and pharmacies. Vietnamese CSWs also follow this pattern. Typical drugs bought at the pharmacy are "ya chut" as described in a previous section. CSWs in Koh Kong seem more informed than their counterparts in Pak Klong, possibly because of a more settled social environment in the CSEs as well as a larger number of 'qualified' drugstore proprietors in which to consult.

### 4.13 Factors affecting use of condoms

The various mass media campaigns on HIV/AIDS in Thailand, through a wide variety of communication channels including TV, radio, newspaper, magazines, posters and pamphlets, has had a distinct impact in increasing the use of condoms in commercial sex. Thai men seem much more compliant in condom use than other nationalities in the neutral border area. One Thai respondent said: "If I have sex with a CSW 100 times I use a condom 100 times". This is contrasted with the Cambodian men who visit CSWs. One Cambodian man said: "If I like a girl I won't use a condom." This reflects the attitudes (and probably the behavior) of many of the Cambodian men in this border area.

The extent to which these men are already likely to be infected with STD or HIV has clear implications for control programs on both sides of the border.

The factors that seem to influence condom use can be summarized as follows:

- The availability of condoms in the CSE.

> Q: Do you use condoms all the time?
> Ans: I don't use a condom every time. The last time I went there were no condoms so what was I supposed to do?
>
> Q: There weren't any condoms in the brothel?
>
> Ans: No. This was a restaurant. These are not professionals. The professional CSWs carry condoms with them. In the restaurant, the girls come to sit with you and then you go to the room. Also, we can't find condoms in Cambodia
> (Thai male, 25 year old logger, Aranyaprathet).

The lack of condoms in the CSEs and the fact that the men don't always carry condoms contributes to unprotected risk behavior.

- The reluctance to use condoms with regular partners.

> Q: Do you use condoms all the time?
> Ans: I don't usually use condoms because I sleep with the same CSW each time; they are my regular partners. I don't like to be promiscuous -- sleeping with a different CSW each time. I am selective and stick to the same girl.
>
> Q: How do you know that she has few partners or uses condoms with her partners?
>
> Ans: I am sure that she uses condoms with the other men.
>
> Q: And she doesn't insist on using a condom with you?
>
> Ans: That's right. It's up to her. Whether she likes a guy or not. Some girls really get stuck on a guy. He brings her gifts and she actually buys gifts for him too. It's like she has fallen in love. The last time I visited my regular girl she gave me a gold chain (Thai male, Aranyaprathet).

Condom-use policy. Another factor that could affect condom use concerns whether the CSW and/or management insist on condom use for all customers.

> The CSWs do not require me to use condoms. It's up to me. (Thai male, Aranyaprathet)

### 4.14 Use of condoms by married men: the voice of the wives

Most wives interviewed believed that their husbands use condoms with CSWs. The reasons cited among Thai wives that we held a discussion group with are that their husbands are educated, they buy condoms themselves, they carry it with them or receive them from free distributions. Some wives found the condoms in their husbands pockets. The wives also believe that their husbands are selective in their casual sex exploits by picking the least promiscuous CSWs.

> Q: Does your husband use condoms with other women?
> R: My husband tells me he uses condoms, he says he use three condoms on top of each other (Barber's Wife). (This is one of the few women who acknowledge her husband's extra-marital sexual behavior).
>
> R: [When my husband has commercial sex] I'm not sure whether he uses condoms or not...but he has never given me an STD yet.
> Q: What about in the past, have you ever discussed this with your husband?
> R: No, I have never asked him (2 Cambodian female salespersons, Aran-V).

The wives of laborers admit that their husbands have given them STDs in the past but, since AIDS, the men have stopped going for commercial sex. The wives do not want their husbands to have sex with Cambodian girls as they are perceived as unclean. At least Thai CSWs are examined for HIV so they should be safer than Cambodian CSWs who are not tested, as stated by the women.

All the wives would prefer that their husbands not go for commercial sex but if they have to then they should use a condom. This exemplifies the general condolence of commercial sex visitation by women. However, most of these remarks were made in the context of a lack of knowledge and assumption that husbands were acting responsibly.

### 4.15 Myths and misconceptions

Previous sections have described sexual behavior of men of different occupations. Discussions on sexual behavior also include perceptions from CSWs. However, prevailing misconceptions concerning STDs, AIDS and condom use from various categories of informants will be presented together in this section. As these misconceptions are directly related to behavior change communication we have decided to present these findings together in one section before our suggestions for possible behavior change strategies.

The quotations that are presented may be many in number but we feel that it is important to present them because they reflect misunderstandings that should not be overlooked for the sake of brevity.

#### 4.15.1 Misconceptions about AIDS and condom use

Married Cambodian women we talked to have misunderstandings concerning AIDS because they cannot see it directly affecting them. Identification of infection with CSWs

and not knowing or underplaying potential transmission routes from CSWs, who obviously contracted infections from male clients, to their husbands and later to themselves is a major misconception.

> Q: Do you think you have any chance of getting AIDS?
>
> ANS: I have no chance..because he (husband) stays at home all the time. I won't get it. People who get AIDS are those who sell their body (commercial sex workers) they are far away from me (Cambodian women salesman (fnp 167).
>
> Ans: I have no chance of getting AIDS because I only stay at home. I won't get it. Only those prostitutes, those who sell their body. I am far away from those persons (married female Cambodian saleswomen: fnp 168).

The men we talked to were not particularly concerned about AIDS because it was not seen as a major threat to people in Cambodia.

> Ans: There is no need to wear it [condoms].
> Q: Not wear it, why don't you have to wear it?
> Ans: I don't know, I only know that in Cambodia one does not have to wear it [condoms].
> Q: You mean there are no condoms in Cambodia or one does not have to wear it?
> Ans: Yes there are [condoms] but no one knows about AIDS, SIDA (Married Cambodian male 2 children, border porter).

In spite of limited knowledge on AIDS one informant did state certain precautions in engaging in commercial sex visitations.

> Ans: ...if I feel the skin of the woman and she is warm I would not pay her for sex...I would get a disease from her...if warm skin like this it is AIDS for sure (married with one son 31 year old Cambodian laborer(fnp 93-99)).

Comments such as warm skin is an indicator of AIDS are also remarks given by other research studies in Thailand (Pramualratana, Social Context of Condom Use in Low Priced Brothels: 1993) and probably is related to warm skin being a symptom of fever and virus infection.

On more than one occasion we were told that AIDS infection occurred because there was a lack of doctors, implying that it is a curable ailment.

> When I was in Phnom Penh I have heard of AIDS. It is when there are spots on one's neck..When the UN soldiers were here there was no AIDS because there were many doctors (Cambodian boat crewmen (fnp 048)).
>
> Ans: I am afraid of AIDS, if one gets it then one would have to buy medicine to cure it, it is expensive (17 year old Cambodian CSW: aran 3KC: 116-121).

CSWs' concerns about AIDS are related to the effect it may have on their health and income. As reported earlier some do not know about AIDS while others showed little

concern. For those that were concerned, however, believed that AIDS symptoms were observable.

> Ans: If a client has AIDS I would not let him sleep with me. I can tell from his penis. If it has a rash or spots I would tell the [brothel] owner that he has AIDS. I would not sleep with him even if he wears a condom (Vietnamese CSW 18 years old).
>
> Ans: I have never been ill. I have never had any disease and think that I don't have any chance of getting AIDS because I observe every client who comes to sleep with me whether he has AIDS or not and every time I have sex I use condoms (op. cit).
>
> Q: Do you know what is AIDS?
>
> ANS: I know that it is spots and there is yellow pus... the skin has rashes, the body is hot and has spots..if one is found to get AIDS they will send them back to Vietnam, there is medicine in Vietnam that can cure it (21 year old Vietnamese CSW (fnp 094).

Misconceptions regarding condom use varied among the various informants. Condom use by men in commercial sex activity was far from universal as some informants believed that if they did not use condoms, for various reasons, they could take some medication afterwards to flush out any infections.

> If I go for commercial sex I generally use a condom but if I forget I will use "Ya lang" medicine to flush out the germs (Thai-Cambodian captain fnp 212.1).
>
> Personally sometimes I don't wear (condoms) it. It's when I get really drunk. This happened about two weeks ago. When I sober up I use "ya larng" medicine (Thai fisherman fnp 216).

Such practices were also confirmed by one CSW.

> Q: If you don't use condoms aren't you afraid of getting a disease?
>
> ANS: If I don't use a condom I take medicine to prevent me from getting any disease, a small tablet of medicine mixed in water or tea..it prevents chancroids...(21 year old Vietnamese CSW (fnp 094).

For some male informants preventive practice against HIV infection involved selecting only high-priced CSWs or unattractive ones.

> I have had (commercial) sex after marriage about 30-40 times. Out of this number I used condoms about 20 times. I have had no symptoms of sickness at all from these women because I only go for expensive (commercial) sex.
>
> Q: Between pretty and not pretty women whom would you wear it [condoms]?
> Ans: Not pretty ones don't have any diseases because many people frequent pretty women (Married with one son 31 year old Cambodian laborer:93-99).

Familiarity and being able to communicate in the same language also reduces suspicion of any infection.

> Q: I use it [condoms] with Vietnamese but not with Cambodian...because I am Cambodian and I can talk to the Cambodian women. I ask them 'do you have any disease or not' If she answers that she doesn't have any disease...I won't have to wear it (op.cit).

4.15.2 Being clean and healthy

Misconceptions of cleanliness are due to physical observations, perceived virginity, myths about certain type of people or nationalities and association of good health being able to combat the AIDS virus.

Physical observations

> A: If I decide to have [extra-marital] sex I would find a good woman. I can tell who is new and who is old....One can tell from their breasts and the way they walk. A good walk and if they are clean (married Cambodian male 2 children, border porter).

> Ans: I would not have sex with low price CSWs. If I decide to [have sex] it would be with good women. I would go into the [Cambodian] countryside to get young girls, I have experience in this. I have lived in Phnom Penh for 3 years I would go for market vendors and widows, no strings attached (Thai Businessman:fnp 250-264).

> Ans: I have never been afraid that he [husband] would bring anything [disease] to me. My neighbor even said that she cannot understand that, he likes to have extra-marital sex but I never got any disease.....It is because he is very picky when choosing women, he chooses clean women. ...He tells by the way they dress any dirty women he would not let in his car (Thai wives Aran, fgd: fnp 909-920).

Perceived virginity

> We do not have to use condoms with men who have never had commercial sex before (Cambodian CSW case 003).

> ANS: Yes, I would [not use a condom] there are some clients who are like this. Ones who have never had sex before I would not (use condoms).

> Q: How do you know they have never had sex before?

> ANS: I can tell. I hold it (penis) in my hand and if it is bleeding (thin membrane of penis sheath) then it means they have never had sex before (Cambodian CSW fnp 073).

> If a client is not sick or we look at his face and it is not pale and his body does not feel warm it is not necessary for him to wear a condom (Vietnamese CSW (fnp 086)).

Type of people, nationality

> I like to have (commercial) sex with Vietnamese [CSWs] because many men have sex with them but no one gets any disease from them. I think it should be cleaner than other nationalities.
>
> Ans: All Thais would wear condoms. Some do not if they are regulars they don't wear condoms... If we know each other or a client has been here before sometimes they don't wear condoms, with our regular (fan) it is not necessary to wear it. If it is a stranger than it is necessary (17 year old Cambodian CSW aran 3kc:fnp 116-121).
>
> I have a regular client who comes and sleeps with me every night and doesn't use condoms. I am not afraid of getting AIDS because this man does not sleep with other women.... This man is like my husband so I don't use condoms, he has never had any disease. Now he has a wife so he does not come anymore but if he did come I would use a condom with him. If he refuses I would not use a condom because I know that his wife is a good women (17 year old Cambodian CSW).
>
> Ans: There is a lot of AIDS and Syphilis and one can get this if one does not wear condoms, so I go for market vendors...(Thai businessman:fnp 250-264).

Good health

> I think that health tonics can prevent one from getting STDs because when the body is strong it will fight against disease (Cambodian CSW fnp 053).

4.15.3 Feelings of trust (chuajai) toward husbands: Some of our female informants, both Thai and Cambodian were not certain whether their husbands engaged in extramarital sex or not. However, in discussions on this issue they expressed an element of trust that their husbands would protect themselves if they did engage in such behavior.

> Ans: My husband does not go to brothels in Cambodia he prefers this (Thai) side.
> Q: On the Thai side...
> Ans: (laughing) those of a higher class.
> Q: He does not like prostitutes.
> Ans: That's right, he likes better women, those in brothels he does not like (Thai wives Aran: fgd:fnp 242-250).

> Q: Do you think the men who cross the border go to have commercial sex?
> Ans1: If they cross it is only to buy things.
> Ans2: Only to look but I think they would not dare [frequent commercial sex]. It is a hundred times better to go to Bangkok. What would they [husbands] want with Cambodian women, they probably only go to look

at the surroundings, for those men who cross frequently (Thai wives Aran: fgd: fnp 726-735).

Q: What do you think your chances of getting AIDS are?
Ans1: I think there is some chance, but I think probably not, I think not. I believe and trust in my husband.
Ans2: Trust him.(Chuajai)
Ans1: He probably does go for it [commercial sex]. But I think he would protect himself. He is afraid of dying, and his wife is still young, he once said this. If he were to die it would be ashamed...
Ans2: I am afraid but I still trust my husband, he is a clean person. He knows how to choose [women who are ] not promiscuous. One would have to look at a person first whether that person is appropriate [for sex] or not, but I am afraid (Thai wives Aran, fgd: fnp 860-875).

Ans: I believe I would not have any chance of getting AIDS because I trust my husband (Chuajai).
Q: What do you mean that you trust in him?
Ans: That he does not frequent [brothels] very often and when he does he will use condoms (25 year old Thai barber's wife:154).

Q: How would you be able to tell if your husband went to commercial sex or not?

ANS: I really don't want to know. If I knew I would just think too much about it?.. Everyone would be afraid (of AIDS)..one would just have a accept it (Wife of local Thai tradesmen (case 176).

These above responses can be categorized into three major types. One, those whom are totally fooled by their husbands, two those who turn a blind eye and three, those who really are worried but console themselves that their husbands will act responsibly by either not frequenting commercial sex or extra-marital non-commercial sex activity or use condoms if they do. The power and control over negotiation seems very limited and is some cases non-existent for many women. Thus the trust or chuajai seems to be the only avenue for such women.

## 5. RECOMMENDATIONS

Where possible, in our site assessment, we have tried to guide our work in order to answer relevant questions discussed in the AIDSCAP Technical Strategy Report (AIDS Control) and Prevention Project. One of the strategies that we have been particularly sensitive to is behavior change communication. As this is a preliminary study we do not hope or intend to touch on all aspects of behavior change communication as identified in the Technical Report. However, where possible, we will discuss potential strategies that seem feasible from our study.

## 5.1 Audience segmentation

Audience segmentation or breaking down segments of a larger audience (general public) into more definable sub-groups that are as homogeneous as possible has been one strategy that we kept in mind during our site assessment. For this reason, as discussed partly in the fieldwork preparation section, we have attempted to conduct in-depth discussions with populations of various age groups and occupations in the attempt to acquire as much appropriate segmentation as possible given time and budgeting limitations.

## 5.2 Potential gatekeepers:

Gatekeepers that we have identified include Koh Kong municipal hospital personnel: certain commercial sex establishment proprietors; drugstore proprietors; local police; Thai and Cambodian provincial, district and sub-district Health Centers; and 'mobile doctors'.

### 5.2.1 Hospital personnel

Koh Kong hospital personnel can be considered one important gatekeeper. The hospital personnel we talked to expressed concern over the serious potential for STD and HIV infection in the area. Although the OPD clinic is not well staffed and none come for STD treatments some of the hospital staff attended the 5-day training program on STD/AIDS conducted by the Cambodian National AIDS Committee on its recent visit. For Koh Kong hospital personnel it is necessary to have continual and regular training in order to provide more information and subsequent responses to obstacles encountered by the practicing personnel. Physical facilities at Koh Kong hospital, to our impression are adequate but are under- utilized; staff need more training but interest exists. If these drawbacks are attended to plus a community media campaign for treatment of STDs is disseminated, we are of the opinion that Koh Kong municipal hospital has a very high potential as a major center for STD treatment, AIDS information dissemination and counseling center and relevant support structure for treatment of HIV and AIDS patients.

We were not able to arrange an appointment with Poipet municipal hospital staff on our trip there. However, it is about a 20-bed hospital and situated about one kilometer from the main market area alongside the major route leading into Poipet municipality. We believe that it also has a high potential for an STD/HIV center (see more in Appendix 1).

### 5.2.2 Commercial sex proprietors

In our numerous visits to CSEs we found that a few proprietors showed interest in maintaining the good health status of their workers. We believe a potential exists in recruiting some of the interested proprietors of CSEs into a health referral system, One obstacle however, may be that many establishments change their workers every 3 to 6 months (as reported to us) and that there is a large supply of 'new recruits' from Southern Vietnam and Phnom Penh. We feel it may not be possible to recruit all CSE proprietors as only some have shown real interest and concern for workers' health status. A more appropriate strategy is to start with a few proprietors who have shown 'real interest' or concern for their workers. This will serve as a core group working with hospital personnel. The success and continuation of the referral system depends on working with a small core-group of CSEs first and from this expand to include more and more proprietors on a voluntary basis. Services that we foresee as possible in the future

include health care services provided to CSWs, possible free condom distribution, effective counseling and mass-media promotion by government and NGOs on services offered. We only hope that this site assessment contributes to a faster consideration of establishing such health care services.

### 5.2.3 Drugstore proprietors

As discussed in a previous section on drugstores, proprietors are an ideal first point referral system for STD/HIV related cases. As drugstores are varied in number and dispersed throughout the border areas of both Haad Lek and Aranyaprathet border areas they are also geographically ideal as first point referral systems. Although a rough mapping has been provided in both areas of the existence of drugstores, more detailed surveys are needed in order to distinguish between, for example, small-medium-large drugstores. These surveys, or even censuses of drugstores would also need to collect detailed information concerning qualifications of proprietors. Our preliminary assessment shows that the highest qualifications are those who have had three years of pharmacy related training with the majority most likely having much less. Nevertheless, we believe there is high potential to develop these drugstores into a referral network for health care and dissemination of information on STD/HIV.

### 5.2.4 Local police

As stated in our report the local police have been very helpful in our own study. They have allowed us access to CSEs for interviews and enabled us to discuss important health issues with CSWs as well as CSW agents and guided and accompanied us to some CSEs that we were unaware of, (although in some cases there was an ulterior motive in making friends with our female researchers). The police should be considered as one more important 'gate-keeper' in their knowledge of population movements of young men and women in the area as well as networking between CSE proprietors and CSW agents. Through appropriate training in health education and on STD/HIV, the police are ideally suited for information dissemination on risk behavior as their work involves direct communication with individuals who may be seeking more information on STD/AIDS, counseling or treatment.

### 5.2.5 Private 'mobile doctors'

'Mobile doctors' and traditional 'Jubkajol' healers have been included in the same category because their work is directly related to CSEs. Mobile-doctors conduct house to house visits in many CSEs with some CSEs providing a traditional "jub-kajol" curative treatment for various maladies from colds, and respiratory complications to constipation. Working closely with this group and integrating their work with established 'western medicine' regarding STD/HIV risk behavior would seem to be an ideal strategy. Of immediate concern is their use of needles as they do saline and/or glucose injections to numerous people in their work.

## 5.3 Population characteristics to consider

It is clear that both border areas of Haad Lek and Aranyaprathet are important trading towns with a high level of transitional population movement. Such a transitional population includes sandalwood collectors, loggers, fishermen, army personnel, i.e. a

large male population between the ages of 17-35 in their prime sexually active years. Then there is the more stable population of the residents of the urban areas. The two areas differ with regard to HIV control efforts in that in Haad Lek control effort is more dispersed and centered in various ports in various islands whereas in Aranyaprathet it is more centrally located. Nevertheless key demographic variables to consider in order of importance are:

1. Commercial sex workers in their early teens to mid-20s.
2. 'Transitional' men in the ages of 17-35 most likely traveling together in groups in Aranyaprathet and fishing boat crews at the Haad Lek border area.
3. Thai tourists between the wider age range of 17-45.
4. Thai and Cambodian businessmen between the ages of 30-45.
5. Married and unmarried women residents of both areas.

### 5.4 Language considerations

Perhaps what Thailand has been lacking compared to other countries is experience in handling cultural and linguistic diversity. This lack of experience provides obstacles concerning effective media and interpersonal communication. A tri-lingual strategy of Thai, Cambodian and Vietnamese should be re-iterated at all times in border areas with video presentations, pamphlet distribution etc. and where at all possible using as few words as possible. Contextually appropriate posters implying certain risk situations as in multiethnic societies may be feasible.

Communication in the Khmer language does not seem problematic as many Thai public health personnel are fluent in the language, some are also ethnically Cambodian. Communication in Vietnamese, however, seems more problematic as only a few Thai health personnel can speak this language. In Haad Lek, however, the Thai Red Cross built an additional wing for Koh Kong hospital. Many Thai health personnel and volunteers, who were working there for two years, were able to speak Vietnamese as a significant proportion of the patients were Vietnamese. Though this program has closed down Vietnamese speaking Thai health personnel and volunteers, such as our full-time interpreters, are still available and could be employed to work full-time again along the border area of Haad Lek.

### 5.5 Audience needs: potential interventions for behavior change communication

One potentially successful intervention is to develop appropriate posters for Cambodian/Vietnamese brothels or borrow some from Vietnam. Acquisition of appropriate posters from Vietnam (to a lesser extent from Cambodia) and printing them in Thailand to be distributed around the border in appropriate places such as CSEs, cafes, hospitals and drug stores is one strategy that should be considered.

Our case studies readily admit to not using condoms, thus concerted condom use promotion is necessary. Messages should stress the importance of condom use in commercial sex as well as casual sex activities. AIDS information must begin by stressing that it is an illness that results in a lack of immunity to disease. Lessons learnt from Thailand have shown that labelling a disease with a foreign term such as AIDS may result in misunderstanding that this disease has specific observable symptoms. Though it is too late to call this ailment something other than AIDS in Cambodia, as many people are already aware of the term, it is important to stress that any IE&C stress the lack of immunity to disease which AIDS brings upon the human body.

Condoms should be provided free of charge along the border areas with poster disseminations. A constant account of numbers of condoms distributed, numbers of CSEs and other places requesting condoms should be kept in order to evaluate the actual need and effectiveness of the condom distribution program, to the teams knowledge such condom distribution monitoring has not been done in Thailand.

Thai radio broadcasts in Cambodian and Vietnamese languages may be considered on a limited basis initially. These programs could be interspersed with music and health related information.

Behavioral interventions include improved STD management at points of first encounter i.e. drug outlets in Haad Lek area islands and drug outlets in Aran border area.

### 5.6 Training

Koh Kong and Paak Klong and Poipet hospitals are ideal sites for training personnel. Study tour of Cambodian hospital personnel to STD division on the nearby Thai side seems a viable strategy. We feel that the urgency of the present high-risk behavior necessitates local understanding between both sides of the border for more efficient coordination rather than waiting for a National Policy on cooperation. We suggest beginning such a coordinated activity in the Haad Lek border area as it does not have military conflict and is an area that is almost ethnically homogeneous being separated by only a political boundary. Lessons learnt from Haad Lek could be used to carry out a similar program in Aranyaprathet. At a later date a Phnom Penh official could make a study tour in Thailand.

Establishing special STD clinics for core groups where mass treatment is appropriate can be done at Koh Kong hospital, Sao Tong hospital and Poipet hospital in the market.

Training cadre of mid-level providers in public and private sectors is also a possibility that should be looked at the above mentioned hospitals and drugstores.

- Support and cooperation of traditional Jub Kajor and Guu Kajol healers to become effective STD/HIV health educators and condom distributors and refer patients for appropriate and effective care should also be considered..

### 5.7 Multiple communication channels that should be considered

Small media: Acquire Vietnamese and Cambodian pamphlets and reprint them for distribution on the Cambodian side of the border. Emphasis is on contextually appropriate messages not posters translated from other countries.

Mass Media: Radio broadcasts in Cambodian and Vietnamese about family life for married adults; dating and courtship for young adults an adolescents and safe-sex practices for both target groups.

Though the research team's objectives in this site assessment does not include potential funding strategies we are of the opinion that funding should be provided by the Thai government, specifically the MOPH, as well as international non-government organizations. The Ministry of Public Health must not consider the AIDS epidemic as only a national problem. It cannot be more clearly stated, as in this site assessment that a

regional strategy or rather offensive strategy must be undertaken. The site assessment has clearly shown that cross-border sexual activity is predominant. Many Thai men of all age groups engage in commercial sex activity in Cambodia. Young Vietnamese CSWs are considered as highly attractive while the prevalence as well as availability of condom use is extremely low. Some married Thai men have long term as well as casual relationships with non-CSW Cambodian women. Such cross-border sexual activity, both extra-marital, and casual by Thai men are kept as secret from most Thai women and thus there is considerably serious implications for an HIV epidemic in this area.

Cambodia is still struggling to bring peace to its country. Though a National committee on AIDS has been set up in Phnom Penh it is still working with a limited number of personnel and budget. The site assessment team is of the opinion that border areas of Haad Lek and Aranyaprathet should be given consideration in acquiring a higher budget for specific allocation along the neutral border area. Non-government organizations working in this region should also seriously consider providing assistance in AIDS prevention activities along this border area both on the Thai and especially on the Cambodian side. We believe that HIV prevention and care activities along the border areas are well overdue and should be undertaken as soon as possible.

## Appendix 1 Health Care Services in Haad Lek and Aranyaprathet

Drugstores in Haad Lek and Aranyaprathet Border Areas

Drugstores in Koh Kong are buildings built either out of wood or concrete and are rather permanent structures. A large proportion of the drugstores are situated along both sides of the tar sealed roads in Koh Kong municipality. Most if not all drugstores will have a symbol of a blue snake circling around a glass bottle in front of the store. The research team were impressed by the visibility of these snake symbols compared to the less standardized symbols of drugstores on the Thai side of the border. Most of the drugstores in Koh Kong are situated within the same or adjacent roads were CSEs are located.

In Paak Klong drugstores are more dispersed than in Koh Kong. Most shops are situated along paths where tourists walk by, usually next to shops which sell handicrafts, and duty free cigarettes. Some shops are situated a little further in the small lanes leading to more residential type dwellings. CSEs are all situated behind the long rows of shop houses and drugstores. There are some small stalls in front of the CSEs that sell pain relief medicine and antibiotics, cigarettes and cold drinks.

In Aranyaprathet neutral border area drugstores are also permanent dwellings or residences. The stores are situated between other shops and CSEs. Most drugstores are located near the 'new market' where there is a high concentration of people. None of these stores have the blue snake symbol and the only sign that indicates that medicine is sold is the glass case where medicine is kept. These glass cases are placed in front of the shop houses. In the 'old market' area there were no drugstores observed. This is likely because it is not an active market anymore but consisting more of private dwellings. The roads in the old market are also unpaved and muddy making it extremely difficult to get around.

From our observations most drugstores sell similar types of medication at competitive prices: fever reduction; pain relief, malaria and saline solutions as well as antibiotics and glucose solutions. Customers would specify the type of medicine they want or the symptoms they have. Our impression is that drugstore customers are relatively well-off partly because the cost of medication is relatively high compared to the average income of Cambodians. CSWs, which could be considered to have a high income, thus often buy their own medicine from the drugstores and do not prefer to go to the hospital because they feel ashamed. From our brief discussions with drugstore proprietors, many seem to be well aware of HIV and AIDS and would be a suitable first point of referral contact point. In Sao Tong there are approximate 15-20 drugstores. In Paak Klong there are approximately 7 drugstores. In Poipet market area there are approximately 10 drugstores.

Type of shops which sell medicine

Drugstores that are run by health or medical personnel or other people that sell only drugs include:Trained personnel whom have received three years training (most likely a college training in Phnom Penh); Health staff whom are either doctors or midwives who are still working in the public health system and have opened a drugstore; Health staff who have left the public health system and work full-time in their own drugstore; untrained individuals who have some knowledge of drugs.

Stores that sell other foodstuffs and items are also in operation and are run by both trained and untrained people.

In addition to such stores are what we have termed as 'mobile doctors' whom do not operate from a shop but do house visits in the area, including CSEs. We also met one 'doctor' who had his own shop but also made house visits.

Health Services offered along the neutral border area in Koh Kong include Koh Kong hospital that is a 50-bed hospital. From our observations there are only 20 beds available for use. In the past this hospital received assistance from the Thai Red Cross in the area of equipment, medicine and medical know how. There are some new extensions to this hospital. The hospital is situated about 2 kilometers from the city center. In the hospital there are doctors and medical personnel available 24 hours of the day. Most patients who come to receive treatment are usually for accidents such as fights, gunshot wounds or illnesses such as malaria. There is no STD service or clinic and CSWs do not come for any treatment here. The hospital does not provide out-reach treatment for the community, this may either be due to a lack of personnel or a lack of efficiency.

In Pak Klong there is a small one story building called a hospital. During our visit there was only the custodian in attendance. There were 3 fisherman families living in the 'deserted' hospital. They told us that if anyone comes for an emergency treatment they would fetch the doctor. Physical observations imply that no one comes to this hospital for treatment.

Poipet hospital is situated near the monument just before entering the market and near community dwellings. There is no doctor permanently stationed there. The hospital personnel though has received some training as a midwife and public health assistance. The hospital opens for treatment in the morning. Our guide informed us that if there is a patient the personnel is able to fetch a doctor and there is no fee for the service.

Health care and services

When ill most people around the border area would care for themselves by asking friends and relatives who are informed about certain illnesses and who can provide treatments. For normal ailments as dizziness, aches and pains and fever a common treatment is 'Khu Kajor' which is where an old coin is dipped in ointment and rubbed vigorously over the back, chest and face. It is believed that this treatment will make the blood circulate more freely and reduce fever. Another similar treatment is called 'Jub Kajor'. The research team interviewed an CSE proprietor who provided this service as additional to sex with her CSWs. A parallel of this type of package deal is the traditional massage (and sex later) available on the Thai side of the border.

If fever or illness persist many people in the border area would buy western medicine or go to private clinics. Many drugstores sell medicine as well as provide treatment at their shops. Treatment at government health outlets such as hospitals and health centers do exist and for the poverty-stricken population this is one alternative. From our observations however some government health outlets close and lock their doors even during official working hours. Some offices work only 1-2 hours a day and many health personnel open their own private clinics.

From experience of the research team members who have worked along the Thai-Cambodia border before, problems of government health administration include extensive corruption, low efficiency levels of workers, an extremely low monetary remuneration resulting in a lack of responsibility by such personnel. For these reasons many people receive treatment at private clinics or drugstores and is one reason why there is a high prevalence of drugstores around market areas as well as private dwellings.

Most drugs sold in the drugstores are bought from foreign countries such as France, India and China passing through Vietnam first. Such medicines include saline solution, antibiotics, malaria medication and condoms (Happy Life brand from Vietnam). Some medicine is from Thailand but its cost is generally higher and thus does not sell very well. Various types of sex-aid condoms from Thailand are also for sale but are expensive and do not sell very well.

Most drugstores would treat clients at the spot, provide saline solution sometimes also mixed with glucose. Many clients have malaria, especially male clients who have been in the military draft and stationed in densely forested areas. Many villagers also were reported to have malaria from collecting sandalwood. In addition to this some drugstore proprietors who have midwifery training also do abortions. Women who come for abortion include CSWs as well as women generally. Information on abortions was given to the research team by numerous CSWs. Drugstore proprietors though inform us that they do not provide this service. We are inclined however to believe the information from CSWs, in many cases unprompted comments about getting abortions with some midwives working out of drugstores.

CSWs usually consult each other about health care practices and sometimes for STDs would get advice from drugstores who would prepare a package of medicine for them. Some drugstores provide a monthly nutrition injection for CSWs at the CSE. Many CSWs in Sao Tong report of receiving injections of this sort. From our conversations with CSWs in Sao Tong and Koh Kong many do not take contraceptive pills because they believe that it would cause excessive bleeding or block menstruation. Only a few report to us that they use injection as a contraceptive method. We are of the impression that more Vietnamese CSWs use the injection than Cambodian. During one of our interviews with a Vietnamese CSW another Vietnamese CSW requested some medicine from her. When she opened the pouch the interviewer saw pain relief tablets and some antibiotics. She said the antibiotics were to be taken when her womb hurts. We were informed that most CSWs would have to look after their own health. If they did not have any money for medication they could borrow some from the brothel owner. Some Cambodian CSWs in Haad Lek on the Thai side tell us that if ill they had to cross the border to buy medicine in Koh Kong because they are afraid to go into town to buy medicine because they cannot speak proper Thai. The research team are somewhat confused because the nearby Thai health center know of their existence and should be providing the medical care.

Approaching drugstore proprietors

Most drugstore proprietors are willing to provide information to the team as they viewed us as tourists to the area. Sometimes purchasing some medication or condoms helps to break the ice that leads to a more extensive discussion. Sometimes where our researcher was a nurse the admission of this occupation to the proprietor also made the conversation more amicable.

In discussions on qualifications of drugstore proprietors we met a pharmacist who told us that he had three years of training at a college in Phnom Penh. Some who told us they were midwives stated they had taken a 2-year course and received a diploma at Phnom Penh. Some said they were trained at the provincial hospitals at Battambang or Si Sophon. Some medical doctors also graduated from Phnom Penh and some told us they got further training in China and the Soviet Union. Most paramedics received training while serving in the army and subsequently working in government hospitals (we are not sure how long the training was).

From our discussions and observations it is seen that many people who come to the drugstores are able to request specific types of treatment such as saline solution (in which case they would lie on a bench behind the counter) or for some nutrition injections. Drugstore proprietors do not seem upset that clients should be deciding what treatment to receive possibly because they want to please the client. We attempted to visit every drugstore in the area and through these visits we did not see any client who was referred to a hospital or other treatment center.

## Appendix 2 Discussion Guide-lines for Various Population Groups

### Discussion Guide-line for Commercial Sex Workers

- Where did you work before you came to work in this place?
  What kind of work did you do in that place.
- Do you have any leisure-time working in this place? What do you do during this time?
- What are the hours you work in this place? How much is charged for a client? How many clients do you receive each night?
- What kind of clients do you prefer (Thai, Vietnamese, Cambodian, other, age, personality)? Why?
- Where can one get condoms from? Why? Who pays for the condoms?
- When you receive clients is it necessary to use condoms? With whom, why? (Are there any differences between Thai, Vietnamese and Cambodian about condom use,
- Do regular and casual clients differ in condom use? Why?
- Do you have to persuade clients to use condoms? (probe as above)
- If clients do not want to use condoms what can you do?
- Are you able to tell if a condom breaks? Do condoms break very often? What brand type of condoms break the most?
- What do you do when you are ill? Do you get treatment from a doctor? Where? What about STDs?
- Have you ever heard of AIDS? What do you think AIDS is? How can you tell if a person has AIDS? Why?
- Presently do you have a boyfriend (lover), where is this person, what does he do. When you have sex with this person do you use a condom?
- What do you think your chances of getting AIDS are? Why? In what way?
- Has there been anybody or group that has come to provide any information or assistance in public health?

### Discussion guide-line for men and fisherman

(for fishermen: ask about the places they dock when out at sea; time period out at sea; CSEs in each port)
Ask age and marital status (If single ask if he has a girlfriend and if so has he had sex with her)
-When not working what do you do? Drink? go out? watch movies?
-Do you visit brothels? (If Thai-do you visit brothels in Cambodia?)
-Do you visit brothels in other places? (ask both Thai and Cambodian men).
-Is it necessary for single men to visit brothels? Married men? Why is this the case?
-What is the price for Thai prostitutes? Cambodian prostitutes? Vietnamese prostitutes? Other women?
-The risk of catching AIDS is greatest from what type of prostitute? Thai, Cambodian or Vietnamese? Why?
-What type of prostitutes, Thai, Cambodian or Vietnamese do you like most? Why?

-How do you decide which prostitute you want? Which brothel? (looks clean, good, pretty women, good atmosphere?)
-Do you think it is necessary to use a condom? With whom? Why?
-Have you had sex with women who are not prostitutes? (for both Thai and Cambodian men). Do you use condoms with these women? Why? Why not?
-Do you know about AIDS? Do you know anyone with AIDS? How have you learnt about this?
-What are the chances of you catching AIDS? Why?
-Can you tell who has AIDS? How can you tell?

**Group discussion guide-line for women whose husbands visit Cambodia**

-What are the reasons for men crossing into Cambodia? Do they visit brothels? If so, to what extent? Why?
-When your husband visits there (Cambodia) what does he do? Would he visit brothels?
-Do you think it is common practice for Thai single men to visit brothels in Cambodia? Why?
-Do you think it is common practice for Thai married men to visit brothels in Cambodia? Why?
-Do you know when Thai men visit brothels in Cambodia they like to have prostitutes from which country? Why?
-Do you know if the Thai men use condoms or not? With Khmer women, Vietnamese women, with other women? (With women who aren't prostitutes)
-To what extent do men visit brothels on the Thai side of the border?
-Do you think single and married men are concerned about AIDS? Why? Why not?
-Do you think you yourselves could get AIDS? How? Why?

**Discussion guide-line for wives of fisherman**

Ask women if: they have been married for more than 1 year
whose husbands are 20 to 35 years of age
whose husbands leave shore on average more than 2 weeks and whose husbands have been fishermen for more than 5 years

-How long have you been living here?
-Do you know where your husband docks? (name of ports, islands, whether in Thailand, Cambodia or Vietnam).
-In each place your husband docks (including during the monsoon season) do you know what he and his friends do? (for example sleep, rest, play cards, read books, drink, read pornographic material, go to brothels, court girls.
-At each port do you know if fishermen believe that they have to visit brothels? Why is this the case?
-Do you know your husband's friends' favorite type of prostitute? (Thai, Cambodian or Vietnamese).
-Do friends persuade each other to visit brothels? Why?
-Do they use condoms when they go?
-Has your husband ever had a V.D.
-Has your husband ever given you a case of V.D? Tell me about it?
-Do you know what type of sexual partners your husband had before marriage? Since being married?
-Apart from prostitutes do you think fishermen would have sex with other women? (with other men?)

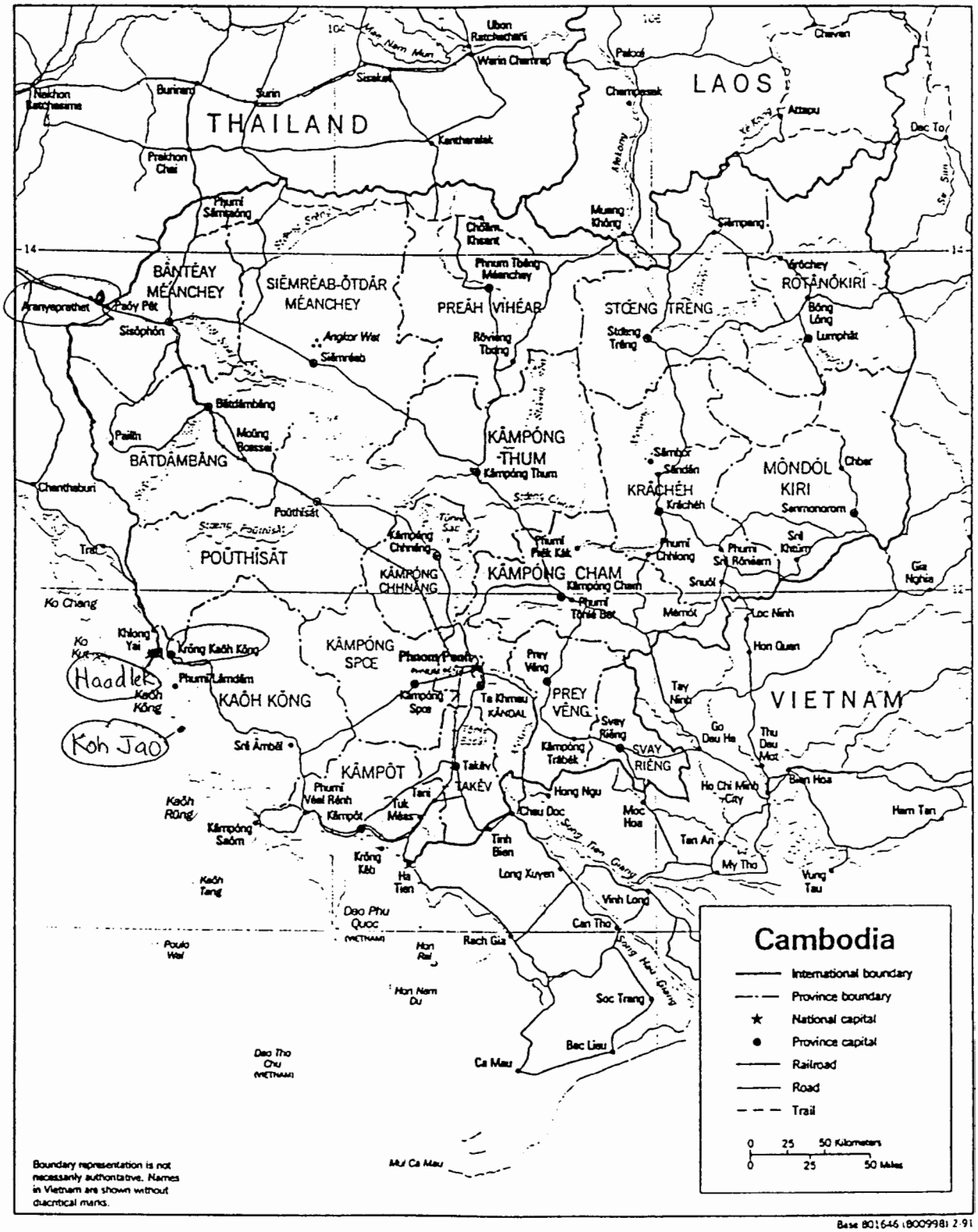
-In the time your husband is at sea do you have an opportunity to meet other men? Tell me about it?

**Appendix 3 Koh Kud Site Visit**

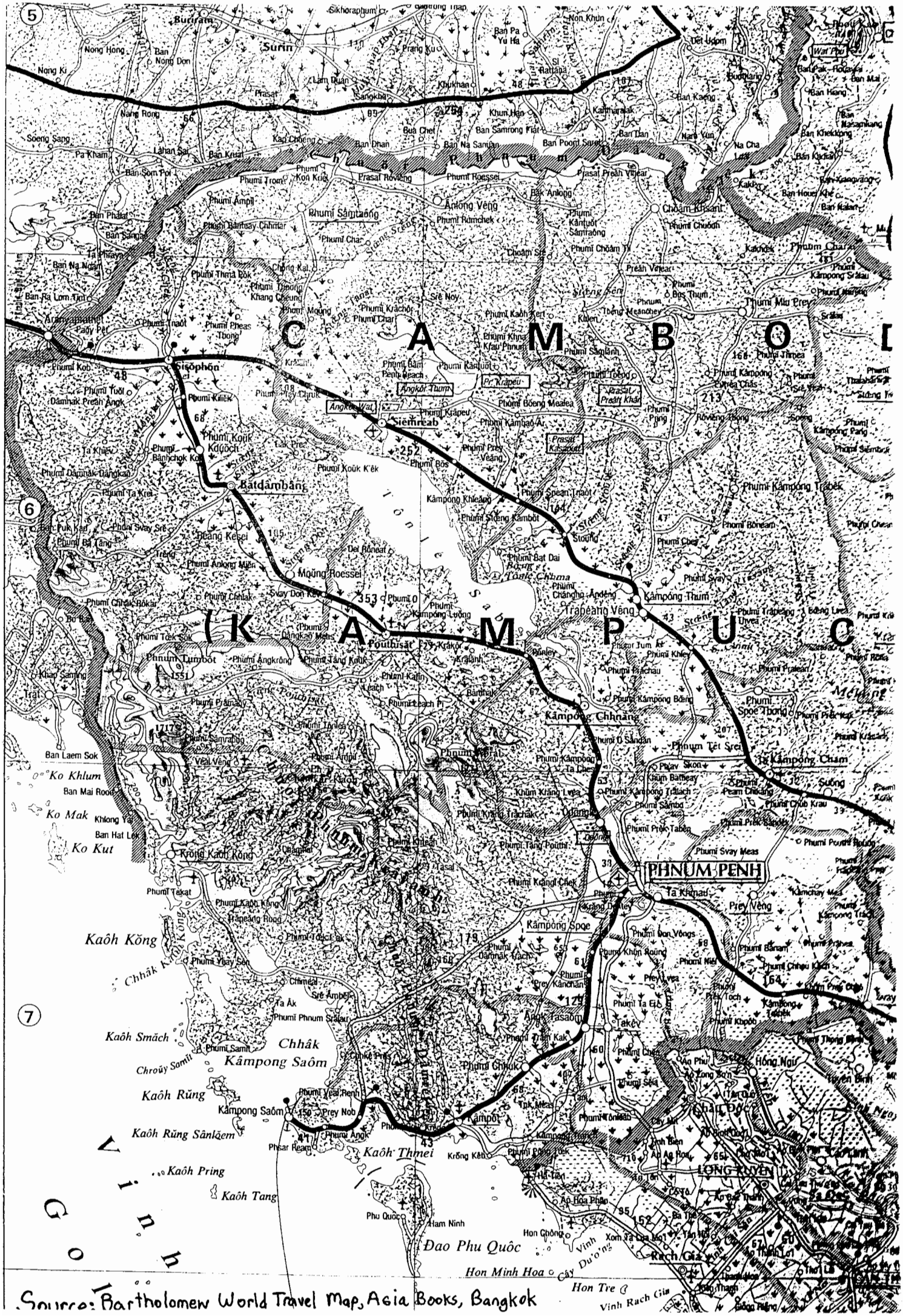
Koh Kud is the last island of Thai sovereignty bordering Cambodia. Discussion of Koh Kud has not been presented in the main report because of lack of information. Nevertheless, Koh Kud is one more site in which commercial sex activity abounds and where CSWs of Thai, Cambodian and Vietnamese origin are operating. We conducted a very brief visit to Koh Kud and provide details of that visit in this appendix.

Preparation for site visit at Koh Kud involved contacting Klong Yai district personnel whom had already guided us in Cambodia. Arrangements were made to hire a boat from the port in Trad. At the port in Trad met with the deputy district officer of Koh Kud whom suggested we stay at Muu 3 village headman's house. The headmen was very helpful in discussions about CSEs in the area. The trip from Trad to Koh Kud takes approximately 6 hours. Accommodation was provided at nearby Ao Salad port. Care must be taken during the hours of 6 to 8 p.m. as mosquitoes come out during this time and many tourists have come down with malaria. Most travel in Koh Kud is undertaken by boat. Boats would travel around the island from one port to the next as road conditions are difficult, especially during the monsoons. Our travel had to be done by both four wheel drive, through heavy forest, as well as on boat. Several times throughout the 8 kilometer drive we had to get off to push the jeep. An additional two kilometer walk was necessary to reach our final accommodation. At the beach another two kilometer walk along the beach was necessary in order to catch a small boat to take us to a larger boat which would finally take us to Ao Yai Port. In Ao Yai Port as many as 300 boats are able to dock. There is one resort here called Koh Kud resort of which we passed. In Ao Yai we observe that many in the port noticed our arrival and conspicuously paid attention to us. In Ao Yai there are four CSEs or restaurant fronted brothels. Two CSEs owners said that their were all Thai CSWs with no CSWs from neighboring countries. We were informed that we should talk to the sister of the headman who is herself a brothel owner. One Thai CSW said that she came to work here because her husband left her. The second said she was 18 years old and came from Trad province. Travel ease to Koh Kud can be facilitated greatly if assistance is acquired from government personnel because they have radio contact with walkie talkies. We are uncertain of the number of CSWs. However, with a maximum of 500 fishing boats as well as the Thai navy there numbers of CSEs are assumed to be very high. The CSWs we talked to wanted a lot of condoms from the research team of which we readily distributed.

We were informed by the deputy district officer that if we wanted to contact CSWs from other countries we would have to go through an assistant headmen of a distant village for direct access to more CSEs.



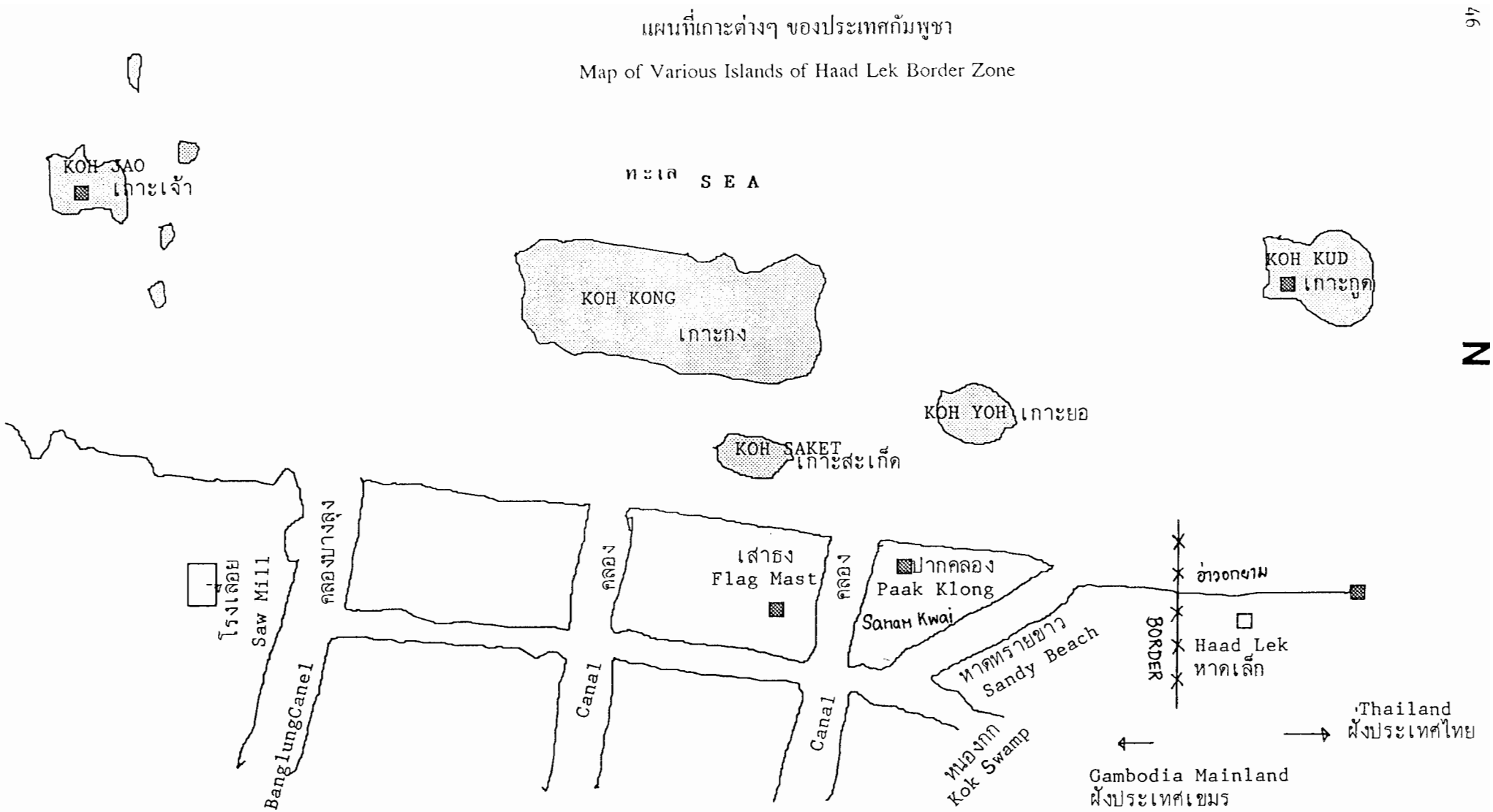

Data collection sites are circled




Source: Bartholomew World Travel Map, Asia Books, Bangkok

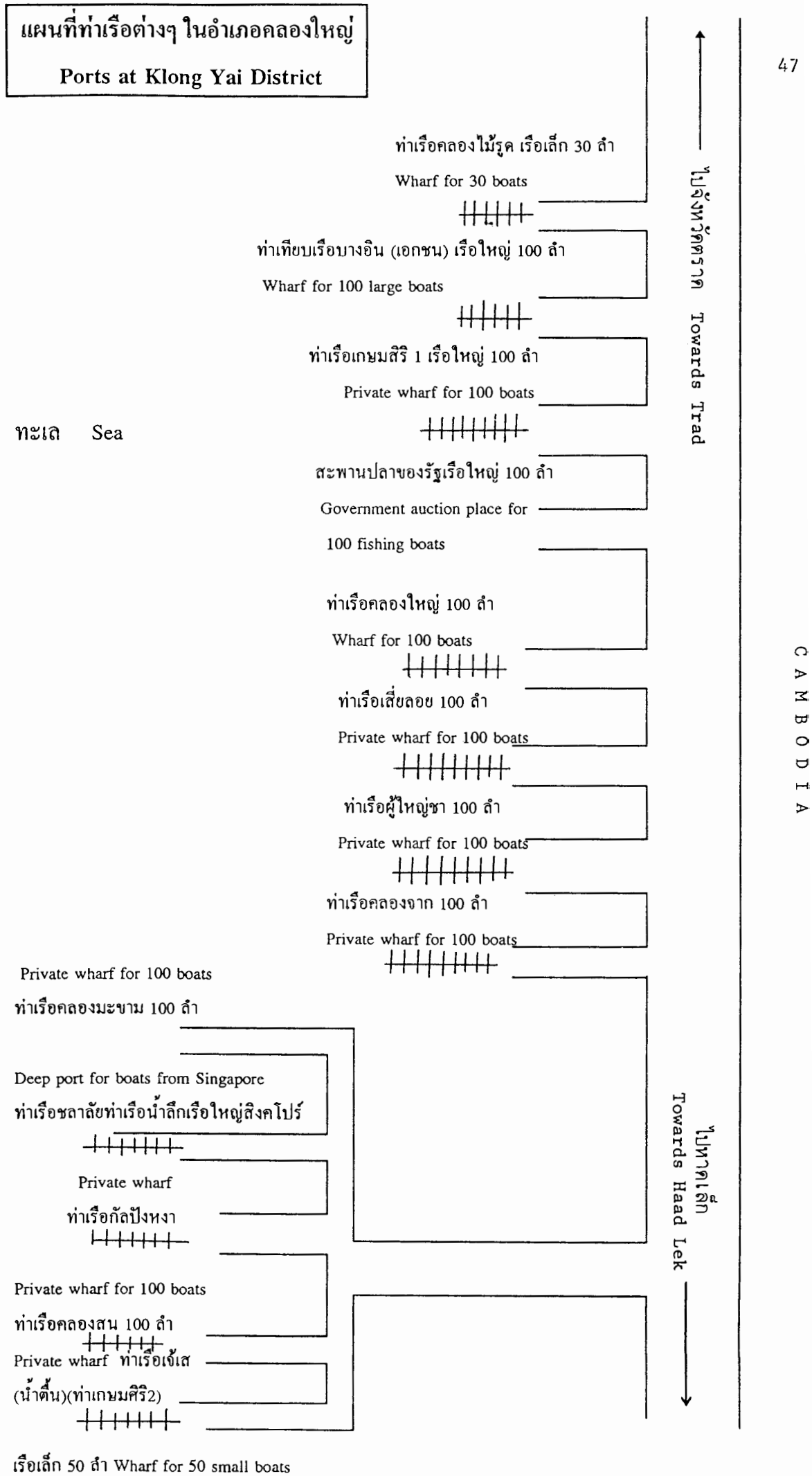
แผนที่เกาะต่างๆ ของประเทศกัมพูชา

Map of Various Islands of Haad Lek Border Zone

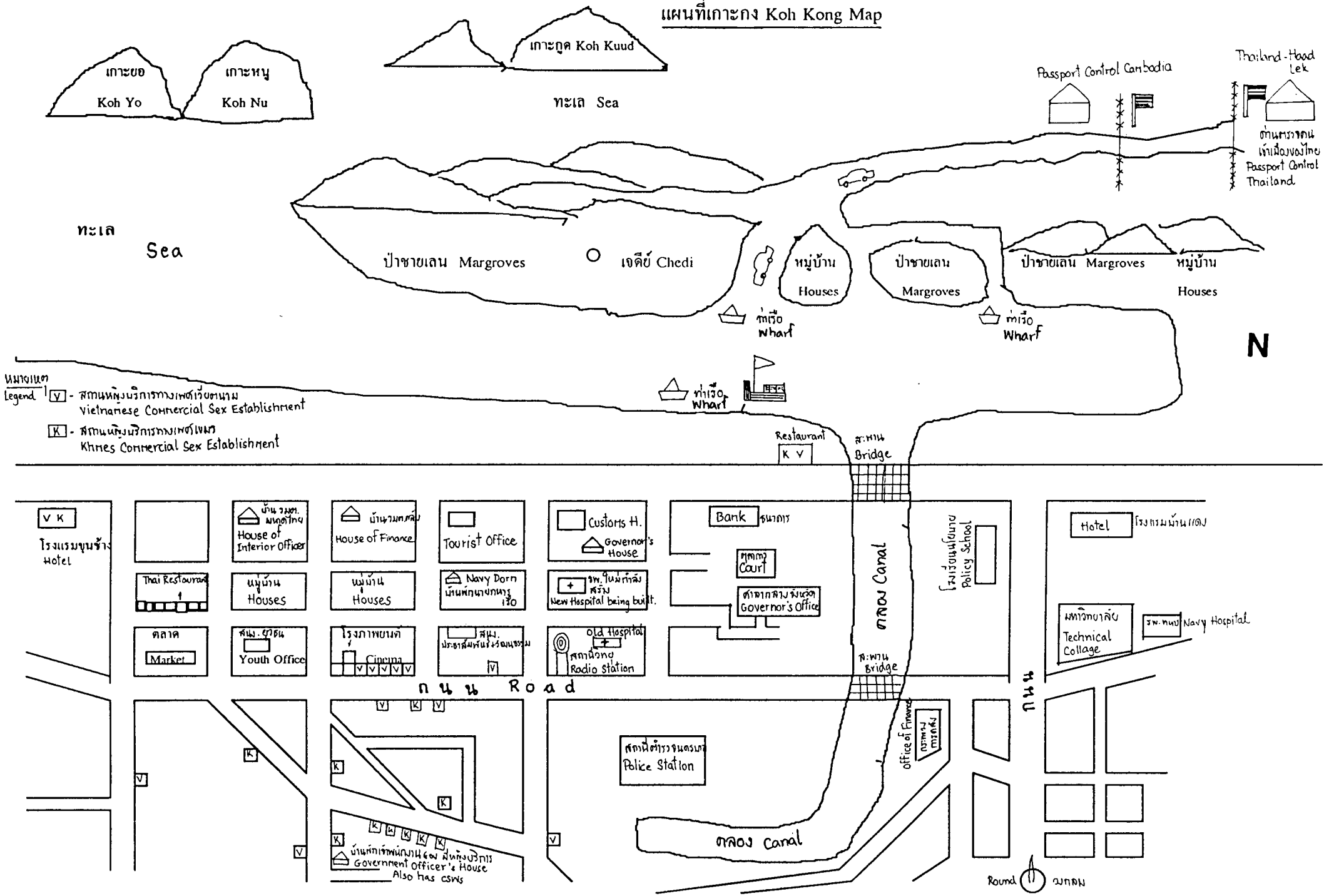


# แผนที่ท่าเรือต่างๆ ในอำเภอคลองใหญ่

# Ports at Klong Yai District

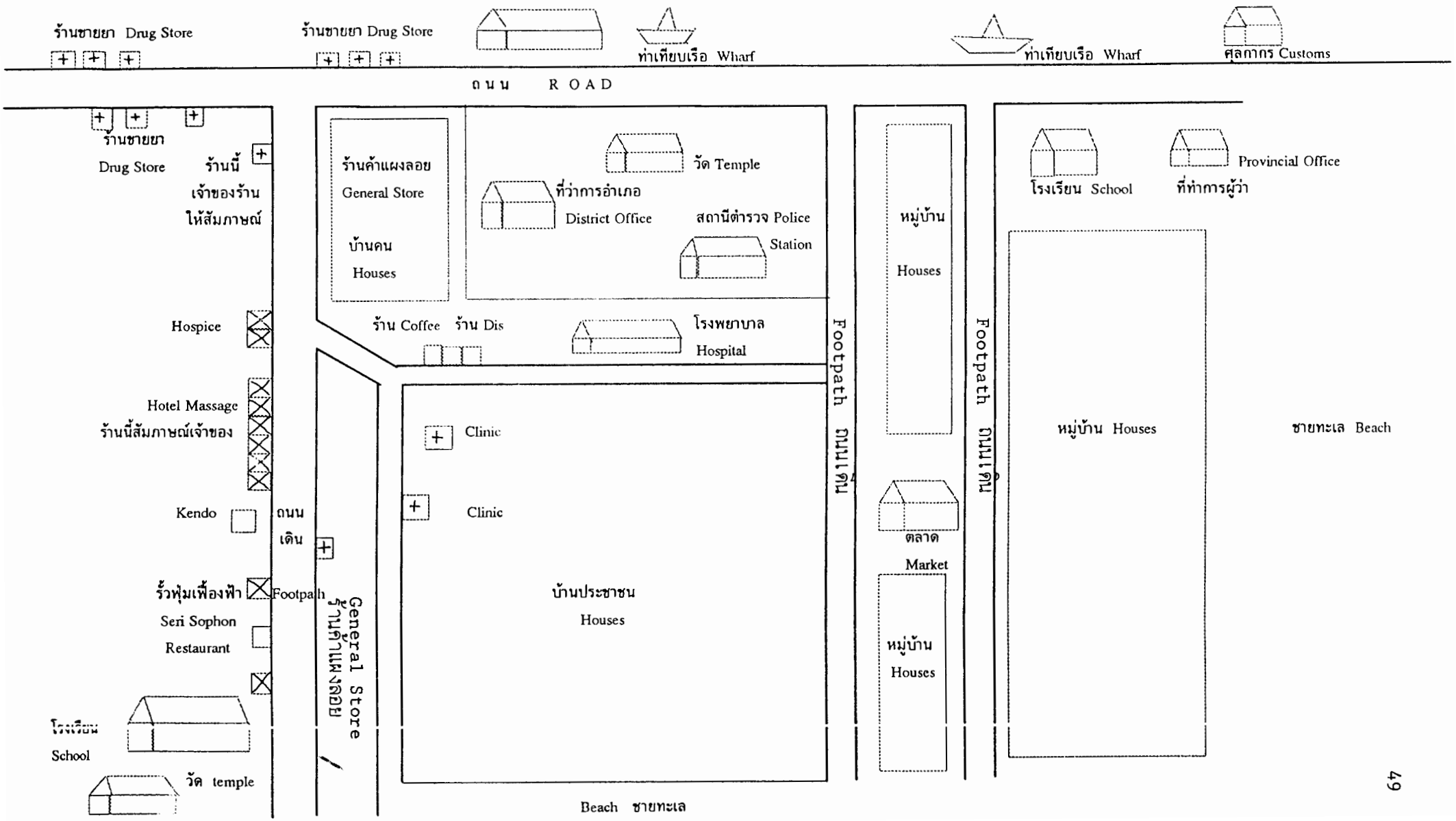


# แผนที่เกาะกง Koh Kong Map

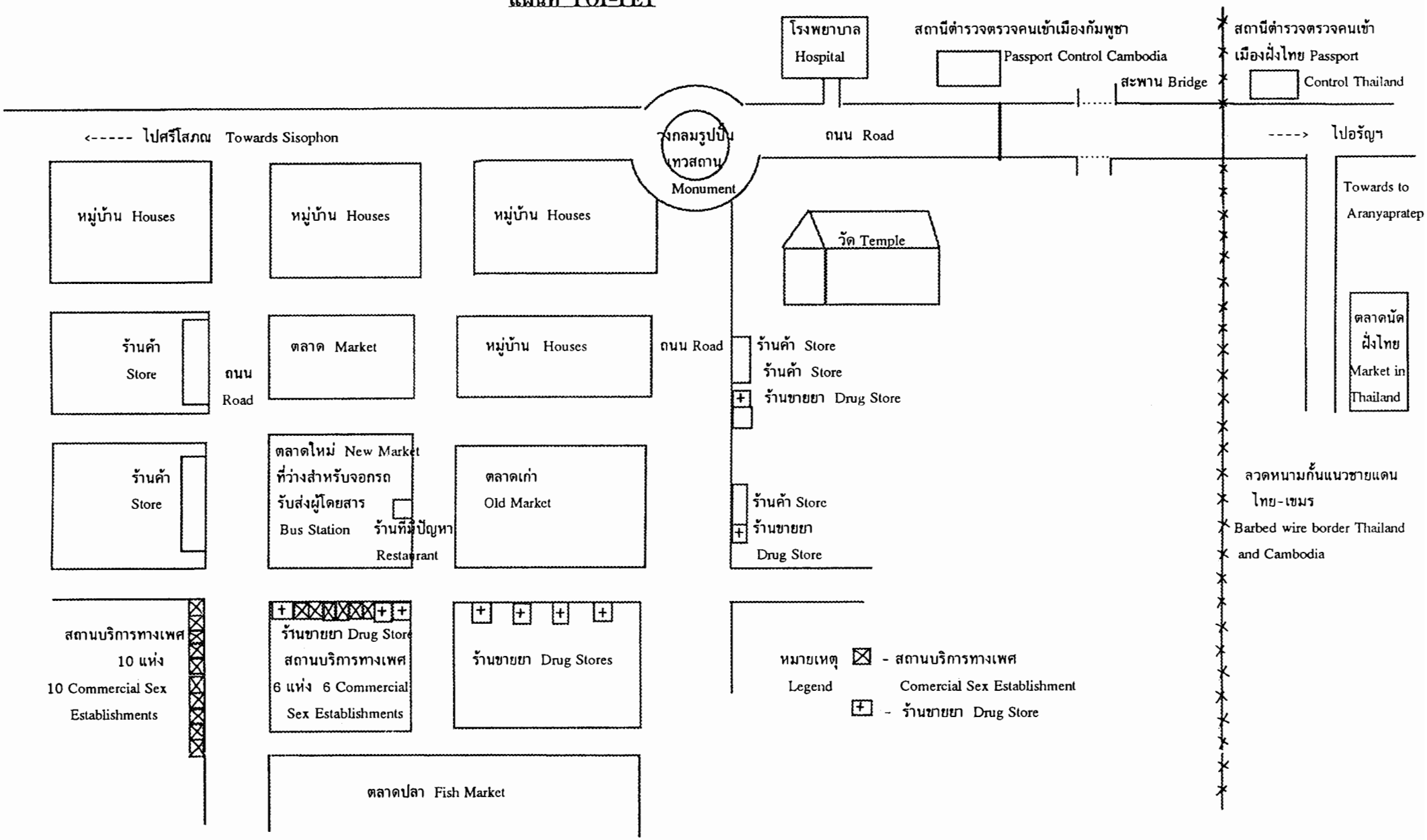


# แผนที่ปากคลองสนามควาย

## Pak Klong Sanam Kwai

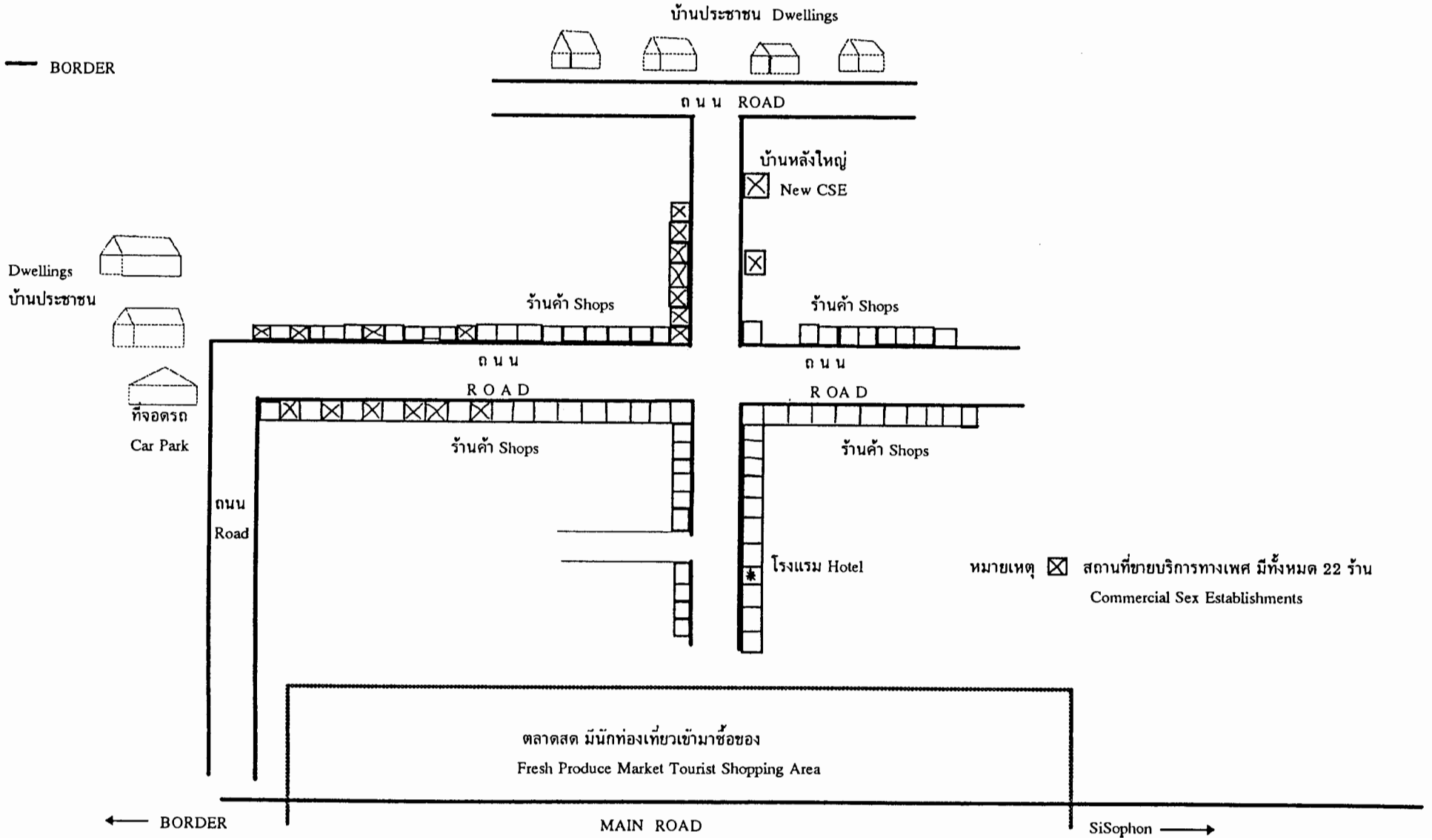


# แผนที่ POI-PET


โรงพยาบาล
Hospital
สถานีตำรวจตรวจคนเข้าเมืองกัมพูชา
Passport Control Cambodia
สะพาน Bridge
สถานีตำรวจตรวจคนเข้าเมืองฝั่งไทย Passport Control Thailand
<------ ไปศรีโสภณ Towards Sisophon
วงกลมรูปปั้นเทวสถาน Monument
ถนน Road
----> ไปอรัญฯ
Towards to Aranyapratep
หมู่บ้าน Houses
หมู่บ้าน Houses
หมู่บ้าน Houses
วัด Temple
ตลาดนัดฝั่งไทย Market in Thailand
ร้านค้า Store
ถนน Road
ตลาด Market
หมู่บ้าน Houses
ถนน Road
ร้านค้า Store
ร้านค้า Store
ร้านขายยา Drug Store
ร้านค้า Store
ตลาดใหม่ New Market
ที่ว่างสำหรับจอดรถรับส่งผู้โดยสาร Bus Station
ร้านที่มีปัญหา Restaurant
ตลาดเก่า Old Market
ร้านค้า Store
ร้านขายยา Drug Store
ลวดหนามกั้นแนวชายแดนไทย-เขมร Barbed wire border Thailand and Cambodia
สถานบริการทางเพศ 10 แห่ง 10 Commercial Sex Establishments
ร้านขายยา Drug Store
สถานบริการทางเพศ 6 แห่ง 6 Commercial Sex Establishments
ร้านขายยา Drug Stores
หมายเหตุ Legend
- สถานบริการทางเพศ Comercial Sex Establishment
- ร้านขายยา Drug Store
ตลาดปลา Fish Market

# แผนที่ตลาดเก่าและแหล่งขายบริการทางเพศ

## Map of Old Market Area



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