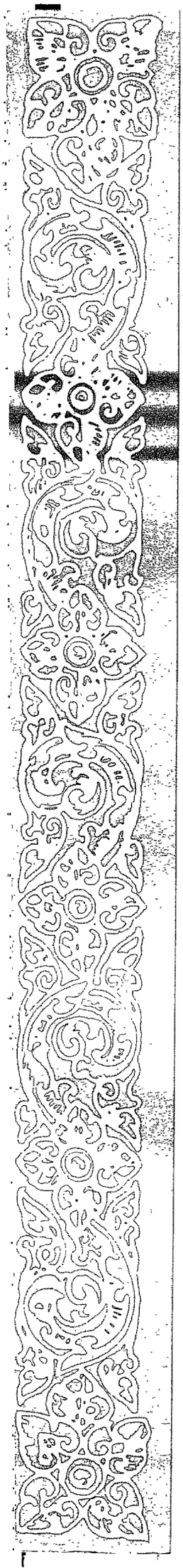

SEWING A BETTER FUTURE?

A Report Of Discussions With Young Garment Factory Workers About Life, Work And Sexual Health

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CHED	Cambodian Health Education Development
EC	European Community
HIV	Human Immuno-deficiency Virus
IUD	Intrauterine Device
NCHP	National Centre for Health Promotion
NGO	Non-governmental organisation
RHAC	Reproductive Health Association of Cambodia
STD	Sexually transmitted disease
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WDA	Women's Development Association

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EXECUTIVE SUMMARY

This report presents the findings of research with young garment factory workers conducted by the reproductive and sexual health project (RAS/98/P11) at CARE International in Cambodia. Participatory techniques were used to explore with the young people the social and economic contexts within which they make decisions about sex and safer sex and their knowledge, attitudes and behaviour relating to sexual health. Specifically, the research objectives were to explore the following topics:

- Young people's decision-making regarding sexual health and health-seeking behaviours
- Issues related to young people's relationships with each other, service providers, family members, factory management, and other community members
- Communication channels for reproductive health information and barriers to service utilisation in order to select points of intervention

A total of 77 participants from three different garment factories were involved in the research. The participants were aged between 15 and 24, and about 75 per cent of them were female, a proportion which approximately reflects the composition of the factory workforces. Discussions were held with single-sex groups of between five and seven young people. Each group of participants took part in two or three full days of discussions.

SUMMARY OF FINDINGS

Most of the participants have come to Phnom Penh to find employment due to poverty and a lack of economic opportunities in the provinces. Many hope to save money and to send money home. Some of the young people report that they earn as little as US$7 per month. The highest wage reported for the previous month was US$73. Some participants do not know how their wages are calculated and report that wages are regularly paid late and are sometimes lower than expected. The reported minimum cost of rent, food and utilities is around US$20 per month. Many participants routinely work 12-hour days, seven days a week.

Overtime is often described as compulsory. The workers may be obliged, for example, to work through the night after a full day's work. Wages are cut if participants make mistakes in their work or take sick leave. It is widely reported to be very difficult to get permission for sick leave from the management. Many participants fear dismissal if they take sick leave without permission, fail to work the overtime required or raise any complaint with the factory managers. The participants perceive that their working environment and conditions are extremely hazardous to their health.

Several participants state that their low salaries and working terms and conditions are socially unjust. However, no participants directly refer to their legal rights concerning pay, working hours, leave and working environment. Relationships between workers and management are better in factories where the workers have an organised system of representation.

The participants are extremely concerned about their health. Poverty, working large amounts of overtime and poor working conditions are widely perceived to be very damaging to health. Very few illnesses are perceived to be self-limiting. Many illnesses that are usually described by the participants as minor are perceived to have the potential to progress to very serious or fatal illnesses.

Cost is a very significant factor in health-seeking behaviour. Most participants considered Western medicine to be more effective than traditional Cambodian medicine for most illnesses. Confidential and non-judgemental service is perceived to be very important for young people seeking treatment for sexual health problems. Young women may also be concerned about approaching a male doctor. Some young women have current sexual health worries that they have never discussed with anyone.

Girls are usually reported to reach puberty aged between 14 and 18. Boys are said to reach puberty between the ages of 15 and 20. At this age, young men are expected to begin to experience sexual desire and young women are perceived to become sexually desirable. Many participants anticipate that young men will begin to access commercial sex at this time. Some young women recommend 18 as a

safe age for a woman to have her first child, others state that 20 to 22 years is preferable. It is not stated whether pregnancy at an earlier age should be avoided by abstaining from sex or by using contraception.

Young women perceive that women often marry at the age of 18. Many recommend that women do not marry until their early twenties, when they are expected to have a higher earning capacity and the maturity to raise children and cope with the demands of a family. Many young women state that parental involvement in finding their husband is desirable, as it means that their parents would take responsibility for them should the marriage fail. However, it is considered very undesirable for a parent to force their daughter into marriage. Young men do not appear to share the perceptions of the young women regarding either safe ages for childbirth or desirable ages for marriage.

It is widely believed that a woman can conceive only during her menstrual period or shortly afterwards. The participants are able to list a number of contraceptive methods, notably IUD, Norplant, pills (including a contraceptive pill which is taken monthly), injections and condoms. Young women, in particular, have quite a lot of knowledge about these methods, although it is not always accurate. Contraceptive methods are often perceived to be potentially damaging to health, particularly if the method does not suit the individual woman. Some women state that condoms are not a contraceptive. Overall, more young women than men state that condoms would be their preferred choice of contraception.

The participants know that HIV/AIDS exists in Cambodia, and many know, or know of, people who have HIV/AIDS. The participants know that HIV/AIDS is transmitted through sex. Many name other transmission routes, most of which are accurate. Most participants state that HIV/AIDS is incurable and terminal. However, some revise this opinion when other participants relate anecdotes describing effective cures. It is widely stated that it may be possible to detect HIV/AIDS infection only by testing blood. Generally, understanding of the progression of HIV/AIDS is limited or confused. Knowledge of when and how often blood-tests should be done in order to provide a reliable indication of a person's HIV status is inaccurate.

The participants are familiar with a number of different infections which may be transmitted through sex. These diseases are often considered potentially serious, but easy and cheap to cure with traditional medicine. No participants mention a link between STDs and HIV transmission. The participants do not know, or have misinformation about, how infections are transmitted through sex. This is likely to prevent young people from making an informed assessment of the risk involved in different sexual activities, particularly in a context where most discussions about sex refer exclusively to peno-vaginal intercourse.

Both HIV/AIDS and STDs are perceived to be very prevalent among commercial sex workers. Commercial sex workers are considered to be the source and cause of infection in men. Married women are considered to be extremely vulnerable to infection from their husbands. There is a strong perception that there is no risk of infection from sex with someone that you 'trust'. Some young men state that they are not at risk of catching HIV/AIDS because they do not have sex with commercial sex workers or because they do not have sex with people that they do not trust.

Women who have sex with men other than their husbands are not good 'women'. A woman's reputation is extremely vulnerable to the assumptions of others, and is likely to be investigated by the family of a prospective husband. Women are perceived to be at risk of sexual violence and coercion, particularly as a result of being drugged by men, or by being kidnapped and sold into the sex industry. The city is considered to be particularly dangerous for women, and many young women are very afraid of violence, including sexual violence.

Sexual relationships between young men and women who are not married are expected to be initiated by the man. Many young men assume that if a woman does not immediately rebuff a man's physical advances she wants to have sex with him. No participants suggest that sex would be discussed verbally. The woman in this scenario is expected to agree to sex only when she trusts and believes her partner's declarations of love. She is expected to be very shy and embarrassed when having sex. It is likely to be very difficult for either partner to suggest using condoms in this situation, as condoms are considered appropriate for use only with people that you do not trust. The participants state that it would be difficult for a married person to suggest using condoms with their spouse for the same reason.

INTRODUCTION

The reproductive and sexual health project (RAS/98/P11) at CARE International in Cambodia commenced in August 1998, funded by UNFPA/EC and CARE International. The project aims to reduce the barriers to sexual health services faced by young people in Cambodia. The three major objectives for its initial three-year duration are:

- To increase knowledge and awareness of reproductive health among at least 10,000 out-of-school youth and train 50 health providers in reproductive health
- To increase availability and use of clinical reproductive health services
- To build national capacity among at least two local non-governmental organisations

Underpinning these objectives is the belief that gender, expression of sexuality and the reality of poverty present major obstacles to an individual's ability to make safer sexual decisions. The project's approach is one of capacity-building through education and experiential learning. The project strives to empower people by facilitating the building of the confidence necessary to challenge the social and attitudinal norms that create inequalities in access to services and knowledge.

This report presents the findings of research into the sexual health needs of young factory workers and the social and economic circumstances of their lives. The research was conducted during March, April and May 1999. Sexual health needs are defined by the project as the knowledge, attitudes, skills and abilities required to make safer sexual decisions in all areas of sexual being. Reproduction is one of the available choices. Specifically, the research objectives were to explore the following topics:

- Young people's decision-making regarding sexual health and health-seeking behaviours
- Issues related to young people's relationships with each other, service providers, family members, factory management, and other community members
- Communication channels for reproductive health information and barriers to service utilisation in order to select points of intervention

The research was conducted with factory workers from three different factories, referred to throughout this report as Factory X, Factory Y and Factory Z. A total of 77 young people aged between 15 and 24 participated in the research. About 75 percent of the participants were female, a balance of men and women which reflects the composition of the factory workforces. Throughout this report, 'factory workers' refers to the main workforce and not to staff with a supervisory or management role.

Participatory techniques were used to facilitate discussions with groups of five to seven young women or men. Each group of participants spent three days with researchers (two in the case of Factory Z), discussing and analysing the social and economic circumstances of their lives and their knowledge, attitudes and behaviour relating to sexual health. Discussions with each group of young people were facilitated by a researcher of the same sex as the participants. A detailed explanation of the participatory learning and action (PLA) tools used during the research is available in a separate report: *PLA Techniques Pack: Lessons Learned in Cambodia during an Assessment of the Sexual Health Needs of Cambodia's Young Female and Male Industrial Workers*, by Julie. A. Forder, which is available from CARE International in Cambodia.

This report is divided into three principal sections. Each section ends with a summary conclusion of the main findings on that topic. The first section discusses the participants' work and working conditions and their lives in Phnom Penh. The second section examines knowledge, attitudes and behaviour relating to sexual health. The final section examines the social and attitudinal contexts within which young people make decisions relating to sex and sexual health.

WORK IN THE FACTORIES AND LIFE IN THE CITY

1. WORKING IN GARMENT FACTORIES

1.1 PROFILE OF GARMENT FACTORY WORKERS

1.1.1 AGE AND SEX

The factory workers who participated in the research were aged 15 to 24 years. Some young men estimate that most workers in their factory are aged between 18 and 30. Young women report that older people may be employed in their factory 'if they can work', but the workforce is predominantly young. People who are employed in more senior positions are often required to be able to speak Chinese in order to communicate with the factory management and tend to be older. Workers from Factory X mention that there are three children working in the factory, whose duty it is to fetch and carry clothes.

The factory workforces are largely female. Young men estimate that men make up between three and 20 per cent of the workforce. The participants do not describe a clear gender division of labour within the factories – some young women say that men and women do the same work. Others identify some jobs done only by women: cutting remnants; folding clothes into boxes; ironing and embroidery, and some jobs done only by men: trouser-pressing and cutting cloth.

The majority of the factory workers are single: young men in Factory X estimate that 20 per cent of the workforce are married. All the participants in this research were single.

1.1.2 EDUCATION

Most of the participants have had some education. Some young women in Factory X stated that they had studied up to Grades 4 and 5.[1] Others had reached Grades 9 and 10 and at least one young woman had passed her Baccalaureate examination. The minimum educational level stated by the young men was Grade 5, but several had reached Grades 10 and 11. Many young men stated that they had dropped out of school due to a need to earn money and failed exams. Young women rarely made an explicit link between the end of their schooling and poverty – although many had taken jobs in order to support themselves or their families (see Section 2.1.1). A few young women stated that they are pursuing language and computer studies at private schools after work – one young woman is taking English classes at Phnom Penh University.

During the research, it was apparent that several of the participants were not confident writing, but it seemed that less than 10 of the participants were completely illiterate.[2] One young woman stated that her illiteracy was of concern to her. Some members of the research team gained the impression that education and literacy levels were generally lower in Factory Y. Factory Y is the factory with the lowest salary levels, and the factory in which the participants expressed the greatest dissatisfaction with their work conditions (see Section 1.2).

1.1.3 PLACE OF ORIGIN

The majority of the factory workers have come from the provinces to work in Phnom Penh. Many come from provinces neighbouring Phnom Penh, others from as far away as Battambang. One young woman working in Factory Z states that she is from Kampuchea Krom[3]. Some young factory workers have relatives already living or working in Phnom Penh and a few Phnom Penh residents have joined their parents working in the factories. A few have moved away from family homes in the outskirts of Phnom Penh, because they could not find work in local areas. There are reported to be women who grew up in a Phnom Penh orphanage working in Factory Z.

[1] Secondary schooling begins with Grade 6. Final secondary school exams – the Baccalaureate – are taken at the end of Grade 12.
[2] Impressions of literacy levels were based on the participants' response to discussions and exercises which involved the option of writing or drawing,
[3] Kampuchea Krom refers to an area in Vietnam.

1.2 WORK, WAGES AND OVERTIME

1.2.1 FINDING WORK IN THE FACTORIES

Although experience in the factories leads to better pay over time, the participants do not appear to consider work experience to be a key factor in the selection process for work in the factories. A few workers report that people with experience are preferred to sew and workers may be required to undertake a sewing test. One young woman reports paying R13,000[4] to pass a sewing test. In Factory Y, training with automatic sewing machines is given to workers entering the factory. It may be possible to acquire skills privately - sewing courses are provided for a fee at a house near Factory Z.

Jobs in factories are usually bought. A job costs between US$35 and US$60, and appears to be cheaper for women and at Factory Y. The money may be paid to a number of people, such as security guards, interpreters, or the person who introduced the worker to the factory. There are reports of workers being dismissed only a week after paying for their job. Workers may also be required to have a medical examination before starting work - one young man from Factory Z mentions that he went to a public Health Centre before starting work, for urine, blood, eye and ear-tests.

Workers may remain at the same factory for a considerable period of time. Some workers at Factory X have worked there since 1995. Workers who leave their jobs voluntarily are usually said to do so as a result of dissatisfaction with their wages. Many workers, especially at Factory Y, are very afraid of dismissal and cite instances of the arbitrary dismissal of workers.

1.2.2 WAGES

Workers in Factories X and Z receive a basic salary of around US$40 a month.[5] This is usually supplemented with overtime pay and pay may also be calculated on a piece-rate basis. Young men in Factory Z report that they can earn around US$60 a month inclusive of overtime pay. These salaries are generally considered to be low pay for difficult work.

Some female participants who are new to Factory Z are employed as probationary staff. These workers earn US$7 per month, and are employed on a part-time basis. They report that a full night of overtime is sometimes added to their working day but that they are paid less than full-time staff who have not worked overtime. These young women are very unhappy with their work at the factory, both because of their very small wages and because they are 'bullied':

> *Although doing this work and getting money, I don't want it because I am always blamed as a dog.*

At Factory Y, new workers are paid salaries of around US$30 per month. Piece rates are added to this basic wage for workers who have worked at the factory for a few months. Young men said that workers who are able to perform more skilled tasks, such as the sewing of waistbands, can earn US$50 per month. Two young women reported earning US$60 and US$73 the previous month. Male participants report that the highest salary in Factory Y is US$82, earned by a woman who works a great deal of overtime and who hardly stops to drink water or to go to the toilet.

However, workers do not necessarily receive the full basic salary. Many of the participants from Factory Y had been working there for two or three months and most participants from this factory reported earning between US$7 and US$30 per month. It seems that substantial deductions are made from the salaries for absence and 'mistakes'.

Participants from Factory Y did not know how much money they would receive in their next wage packet, and seemed unclear as to how their wages are calculated. Some participants reported being told that they would be paid US$30, 'so that they dare not stop work': the previous month they had received US$20. Four young men who had earned, respectively, US$7, US$9, US$10 and US$12 in the previous

[4] R3800 is equal to approximately US$1 at the present time.
[5] For a six day week, of eight hour shifts (see Section 1.2.3). This is an hourly rate of approximately 20 cents per hour.

month, said that they do not know why they earn so little and that they fear that they would be dismissed if they questioned their salaries. They state that the factory owners say that they 'sew badly and lose his clothes'. One of these young men feels that US$60 would be an appropriate wage for his work.

Many participants from Factory Y state that wages are paid irregularly and not on the promised day, and that this is a serious issue for them:

> *[The factory management] said they would pay at the end of the month, but now it's the ninth day of the next month and they still haven't paid us.*

The discussions in this factory took place just before Cambodian New Year and participants were particularly anxious that they would not receive their money in time to go home.

Money is deducted from wages in all the factories for poor quality work or mistakes - such as cutting the wrong size of cloth. A young man from Factory Y reports that workers may be dismissed for 'cutting the cloth wrong'. One worker from Factory Y reports that US$6 was once deducted from her wages because she forgot to bring her clocking-in card. In Factory Z, young women report that deductions of US$1 to US$3 are made when they 'answer back' to, or argue with, supervisors or managers.

While most of the participants expressed some dissatisfaction with their salaries, the level of unhappiness appears to be significantly higher among workers from Factory Y. Poverty and long hours of overtime are serious concerns for all the participants, but appear to be the overwhelming concerns for workers earning less than around $30 to $40 per month. Workers from this factory frequently express a strong sense of social injustice at their work conditions:

> *[I] want to have a society with justice; for example, in this factory they pay the salary irregularly ...*
>
> *Society has no justice – as in my factory, we have no rights. Speak about it a lot and I'll cry.*

Many participants from Factory Y said that they would like to move to a different factory, but do not know how to find another job.

1.2.3 WORKING HOURS

The basic working day in the factories is around seven to eight hours long, excluding meal breaks, six days a week. Most participants stated that their shifts usually began between six and seven-thirty in the morning. Working hours are rigidly enforced: young men from Factory Y say that if they are late three times in one month they will be sacked.

All three factories allow their workers only one break during the normal working day. In Factory X, this is half an hour long. Many participants are very discontented about this: they state that it allows them barely time to eat, no time to rest and no time to talk with friends. Young women believe that such a short break can be seriously detrimental to their health (see Section 6.2). They state that they will get another 30 minute break if they work overtime until morning. Young men from Factory X say that if they work until midnight they are allowed to rest the next day without losing money. Young women from Factory Y say:

> *[When we] work overtime at night, they do not allow us to have a meal.*
>
> *[When we] work from 5 p.m. to 5 a.m., [they] give us half a loaf of bread.*

The participants work considerably longer hours than the basic eight-hour shift. In Factory X and Z, workers often work overtime and on Sundays and holidays. Several young men from these factories stated that if there was no overtime their salaries would be insufficient to live on. Some would consider stopping work at the factory if they could not earn additional money through overtime.

Male participants from Factory Z report that overtime is paid at a rate of R1000 per hour, or R800 per hour for those who have worked in the factory for less than 2 months. If workers work National Holidays or Sundays they receive R5800. Young men compare this factory favourably with factories they have

heard of where workers only receive US$1 or US$0.8 for a full day's work on a Sunday, and where workers will be dismissed if they do not work on Sundays.

Young women from Factories X and Z appear to be more likely than young men to perceive overtime as compulsory and inadequately remunerated:

> *The Chinese force us to work overtime: if we get paid on the eighth day, they force us to work from seven a.m. [on that day] to six a.m. on the ninth day – then they give us our usual salary without overtime payment.*

In Factory Y, overtime is compulsory: workers have money deducted from their salaries - or may be sacked - for refusing to work on Sundays. Male participants from Factory Y say that, previously, workers were paid double-time for working overtime on Sundays but now anyone who asks for extra pay will be sacked. Workers at this factory usually work a seven-day week – they may have some national holidays free. Working overtime until 7.30 p.m., on a shift that started at 6.30 a.m., is reported to be normal, and workers are sometimes required to work overtime until the next morning. They rate compulsory and underpaid overtime as one of their most serious problems. There is a very strong sense of resentment and injustice at being forced to work such long hours, and at the very small wage they receive for this work. They believe that the combination of low pay and long hours of difficult work may have a very detrimental effect on their health (see Section 6.2). Young women from Factory Y summarise their dissatisfaction with their jobs:

> *There are problems with irregular wages...also [we] often get sick [and have to] bear responsibility ourselves... Overtime payments are too small. Sunday is not a holiday – if we do not work, the wages and perks will be reduced.*
>
> *[We are] sick frequently – working overtime [for] a cheap salary [with] no day off – [we] have to work Sundays too.*

1.2.4 LEAVE AND ABSENCE

Young men from Factory Z report that if workers are absent with prior permission due to sickness or in order to give birth, they will receive 50 per cent of their wages. They perceive such decisions to be controlled by the internal regulations of the factory, and do not mention any legal rights to sick leave, maternity leave or benefits.[6] Payment to absent workers is unusual. Workers in other factories report that they do not receive their salary if they are absent and extra money may be deducted. In Factory Y, one day's leave with permission costs US$1, while a day off without prior permission will result in a US$2 wage deduction. One young woman says:

> *I am afraid of being sick because they stop the salary.*

Participants from all the factories consider permission for leave is difficult to get:

> *When I was sick they said that I was tricking [them].*
>
> *We ask for permission to rest when we are not well and [management] does not allow us to stop*

Many fear dismissal if they take leave without permission. There are some reports of workers being dismissed if they take leave too often. Participants state that leave for personal reasons, such as to attend weddings, is not usually given.

[6] One young man from Factory X reports that pregnant workers are allowed to ease off their work, doing more sitting than standing work.

1.2.5 WORKING CONDITIONS

Many participants complain of receiving electric shocks from machinery. The process of washing cloth or clothes is singled out as being particularly risky because of the combination of water and electrical wires. Participants report that some supervisors and managers do not allow workers to wear shoes while they work - because they are afraid of the fabric being marked. Some participants state that they have had their requests to be allowed to wear shoes to protect themselves from electric shocks denied by management or supervisors. However, some supervisors insist on workers wearing shoes, to avoid injuries from needles:

> *If I don't wear [shoes], my boss twists my ears.*

Injuries from needles are often mentioned by the participants.

Dirty toilets and bathrooms, sometimes lacking water, are a health concern for many of the participants. There are usually two toilets for workers in the factories: one for men and one for women. They are not always in working order and often locked. With the exception of young men in Factory Z, all the workers said that the toilets were filthy. There are separate toilets for factory management, and the managers do not use the toilets provided for the workers. The participants state that workers are restricted in when they can go to the toilet. In Factory X, for example, young women say that they can only go to the toilet twice a day:

> *If we go to the toilet very often we are blamed.*

All three factories have kitchens that provide food for the Chinese management, but these facilities are not used by the workers. Two of the factories have canteens where workers can eat, although they may not bring food into the factory. In Factory Y, the workers have to go outside the factory for meals.

There are no places where workers can rest during breaks. Some workers in Factories Y and Z may be able to go home during their lunch-break, but the half-hour break in Factory X does not allow time for workers to do this: the workers state that they try to sleep in the lunch hall under chairs and on tables. One young women says:

> *I only bend my body. Sleep is good; anywhere for me is all right. Sometimes we sit or stand but dream.*

Workers at this Factory X state that they used to be allowed to walk by the pond in the grounds and sit in the shade, but this is now forbidden.

> *The big pond has good water and we used to be able to walk by it and sit in the shade, but now we cannot.*

Workers have identity cards to enter and exit the factory and are monitored by guards as they leave to ensure that they do not steal from the factory. Transport to and from the factory is provided for some workers – particularly those at Factory Z who live some distance from the Factory. This costs US$5 per month – some workers report believing the service to be free until the money was deducted from their salaries. Some young women are very concerned about the possibility of the vehicle not being available to take them home.

1.3 FACTORY HEALTH SERVICES

All three factories have a clinic at which factory workers can receive treatment for minor illnesses, such as headaches, minor injuries from sewing needles, sore-throats and dizziness. The clinic at Factory X also offers coining[7], and a place to rest if workers are sick. The newly established clinic at Factory Y is in the

[7] Coining is a popular treatment in Cambodia for a wide range of health problems and symptoms. Coining involves rubbing the skin of the patient with a smooth metal object - such as a coin or spoon - usually hard enough to leave red 'stripes' on the skin.

kitchen. The participants are all familiar with the services available at their factory. Not all the young people may find the clinic services accessible: the probationers at Factory Z say that the clinic 'cannot be asked for medicine'.

One factory is reported to have full-time medical staff working at the clinic. Others have staff who visit at fixed times during the week. Few of the participants state that they are able to identify the training of the medical staff. Some young men point out that they cannot judge the competence of the woman medic at the factory because she has no medicine to prescribe for them. Most of the participants consider that the medicines available from the medical staff at the factory clinics are insufficient to treat even minor illnesses: medical staff at Factory X are widely reported to provide only paracetamol. Some medical staff warn workers that they cannot treat 'serious' illnesses. Workers report that they pay for some services – such as injections and some medicines from the clinics:

> *That doctor is important for us when we have money, but [he/she] will be useless when we lack money.*

Workers from Factory Y report that medicines dispensed by the clinic must be signed for by a supervisor and swallowed in the factory. The identity number of the worker is recorded when he or she visits the clinic. However, the confidentiality of services is not raised as an issue directly by the participants.

A minority of participants report satisfaction with the service available in their factory. Some young men say that the clinic in Factory Z is well-organised. One female participant from Factory Y received an injection for a stomach-ache that she reports to have been effective. Some participants state that the medical staff may help them by writing permission for them to rest a day when they have been working hard: others report that the medical staff are ill-mannered towards them. In general, the participants have a very low level of confidence in the factory health services:

> *We couldn't depend on the [doctors here]. When [I get sick] I go to private hospital.*
>
> *The factory cannot provide good care.*
>
> *Before, one of our people got a strong pain, but [the factory medical staff] gave two tablets of paracetamol and sent [him/her] back home.*

1.4 SUPERVISION AND MANAGEMENT

The factories are organised into departments, each of which has a different task; for example, sewing, ironing, sewing of labels. Within the departments, workers are divided into groups, each of which has a group leader, who reports to more senior staff. Group leaders are sometimes Cambodian and sometimes foreign. Some workers perceive a level of support from their group leaders, perceiving that they assist them with a range of problems. For example, they report that the leader may conceal damaged fabric from management:

> *She helps me. When I cut the cloth wrong, she doesn't tell the Chinese people.*

Some group leaders may not enforce rules, such as noting the workers' identity numbers when they visit the toilet, and may also allow workers to talk to each other during work-time – this is not generally condoned.

The three factories are owned, or part-owned, by foreigners. The participants mostly refer to the management as 'the Chinese'.[8] They have little contact with foreign managers and supervisors: they rarely enter their offices or communicate with them directly.[9] The foreign managers do not speak the

[8] The country of origin of 'the Chinese' is not stated by most of the participants.
[9] Some of the communication that is reported is about the personal lives of young women working in the factory: 'Chinese [man] asks me how many husbands I have. I say 10. He says, "Good – for Chinese to have many wives is very good".'

Cambodian language, and rely on interpreters to communicate with Cambodian staff. 'The Chinese' have separate toilets, kitchens, canteens and accommodation from the Cambodian workforce. One group of young women describes how a room is set aside for 'the Chinese':

> *This is the place for the Chinese to go for relaxation after they have monitored the workers.*

There is some tension between the Cambodian workforce and the foreign managers and supervisors, which is particularly marked among participants from Factory Y:

> *...[The Chinese] do not have such a good heart.*

> *...[The Chinese] are selfish.*

Some participants from Factory Y describe behaviour by 'the Chinese' which they perceive demonstrates a lack of respect for the workers:

> *Sometimes, they make us stand outside for two hours and then remember us and call us.*

Others state that 'the Chinese' have directly insulted them:

> *The Chinese people say very bad things. They said that if they do not come to set up a factory, all women will serve in brothels.*

There may be a perception that foreigners are 'taking over':

> *The land is sold to the Chinese – in future, there will be only foreign bosses.*

While all the workers in Factory Y are afraid of raising any issue with the management for fear of dismissal, some young men from this factory perceive that the situation is worse for women:

> *A female worker absolutely dares not complain. If she dares, she will be sacked.*

One of the few positive comments related to factory management is made by young men from Factory Z, who compare their factory favourably with other factories that they have heard about. They feel that in Factory Z, unlike some other factories, there are 'enough regulations' and there is 'no pressure'. It may be significant that this factory is part-owned by Cambodian people.

1.4.1 TRADE UNIONS AND REPRESENTATION

Only Factory X is unionised. Some workers attribute a salary raise from US$35 to US$45 to the union, as well as the retraction of a rule that eight absences will result in dismissal. Factory Z is not unionised, but like Factory X, has worker representatives who liaise with the management on behalf of the workers.[10] Workers from both factories perceive many of the representatives to be helpful, for example in negotiating with management over salaries, and leave, as well as other problems, including personal problems. They say:

> *[Worker representatives] solve all problems with the factory's owner in the interest of all the workers ...*

> *One day the Chinese didn't allow me to take leave. [Uncle —] asked why? ... He doesn't allow the Chinese to pressure us.*

> *Representatives can never dismiss us. They help ask to take leave from the Chinese. They help us.*

[10] Young men from Factory Z state that representatives receive a salary of US$100 per month. Reasons for this are not given.

Some participants appear to have a close relationship with worker representatives, sometimes sharing accommodation with them. Some of the representatives are reported to help solve 'personal problems'.

Participants from Factory Y do not describe any worker representation. One young woman refers to some union activity among the workers, mentioning that she visited the river and the stadium during 'protests over salaries'.

2 LIFE IN THE COMMUNITY

2.1 LIVING IN PHNOM PENH

2.1.1 REASONS FOR COMING TO PHNOM PENH

The major reason for coming to work in the garment factories is poverty: young people come to Phnom Penh to find paid employment which is unavailable in the provinces:

> *[In the countryside there's nothing I can do…for the sake of the family [of seven], especially as I am the eldest, I had to come to the city.*
>
> *Living conditions in the countryside are very difficult. Cultivation is the only source of income…[I had] no job, [I was] free all the time…[I saw] them sewing and having money and my cousin asked me to come to Phnom Penh to do a sewing job in order to make life better for my parents.*

The absence of one or both parents, and sickness in the family are also cited as reasons for coming to work in Phnom Penh. Some parents or stepmothers suggested that young women seek work in Phnom Penh. Other young women came of their own accord, or 'without telling'. Some female participants cite 'problems in the family situation' as a reason for coming to Phnom Penh. These mostly appear to involve difficult relationships or a lack of financial support from parents:

> *I have a father but he is never concerned about me. He loves only his wife.*
>
> *I have a stepmother. She tortured me…*
>
> *I am deprived…because my mother has many children and my father has his second wife.*

A few young men comment that if they were not earning their mothers would give them money, suggesting that they may be seeking independence as well as an income.

Many participants hope to be able to save money from their earnings:

> *I want to save money. [If] I am destitute I will be disdained. If I have a lot of money, I will give some to my parents.*
>
> *People who know how to work well save money and send it to their parents who live in the countryside.*

Some may not be planning on staying very long – one young man is hoping to save US$100 before returning to Battambang. However, many participants, especially those from Factory Y, have found salaries lower, and living expenses higher, than they expected. A young man who had earned US$20 in the previous month says:

> *I came to work in order to save money but probably cannot because I spent more than US$10 for food, rent, water – almost all [my]salary.*

Other workers from Factory Y say:

> *To stay here in Phnom Penh is very difficult: last month I got paid only US$10 and gave it all to pay for my meals.*
>
> *My salary last month paid only for rent and electricity.*
>
> *The salary is very low, so [I have a] problem of low living standards … an irregular salary and no sick pay.*

[I have] no money to send back home.

Some young men from Factory X state that their salaries are sufficient only to support themselves. Others say that a monthly salary of US$60 would enable them to send money home only if they are very thrifty.

2.1.2 LIFE IN THE CITY

Many participants enjoy the new opportunities offered by the city – the range of markets and new things to see. Some participants comment that Phnom Penh has good food and that there are richer people than in the countryside. However, this does not necessarily mean that they have an unreserved preference for urban life:

Phnom Penh has modern and unusual things.

In town, there is work to do, [we] have money and there are a lot of markets, entertainment places and coloured lights…

In the countryside, there is only the light of kerosene lamps – but the countryside has a much better environment than the city. [In the countryside, if] you have money, you do not know what to buy.

Now, my skin is lighter than when I lived in the countryside.

I like the country, it is tranquil.

Some participants appear to be settled in their life in Phnom Penh:

This is a new life…I have many friends…I don't want to go back.

However, most appear to miss their families, and many express a desire to return to the countryside:

Phnom Penh is happy, but cannot be as happy as being with parents.

Home is better.

[I] want to live with my mother…

It seems likely that those young women who stated that they had 'problems in the family situation' might be among those who are not keen to return to the countryside. One factor that does strongly influence the desire of the participants to return home is the factory in which they work. Most workers from Factory Y, where wages are lower, working hours longer and relationships with factory management worse, expressed a strong wish to return to the countryside. Two young women from Factory Y compare their factory jobs to their life in the countryside:

In Phnom Penh, working in the factory, you can never stop work and [you] will also be scolded. By contrast, if you are earning a living selling in the countryside, you can relax and take a break when you feel like it… In the countryside, if you are a bit sick, you do not need to work.

In the countryside, I had free time; here I am working so hard there is not free time.

Many young women are afraid of violence, particularly sexual violence, in the city:

In the municipality, [we] cannot take a stroll frivolously.

The perceived threat of sexual violence is discussed in Section 10.2.5.

2.2 RENT, FOOD AND DEBT

Most of the factory workers who have migrated to Phnom Penh rent accommodation in shared houses close to the factories. The closest accommodation for many workers at Factory Z is a 15 to 30 minute car journey away. One room in a house may be shared by five to ten people, at a cost per person of around US$4 to US$5 per month.[11] Men and women stay in separate rooms. The house-owner may also stay in the house.

Many of the workers arrange for meals to be included in their board: rates inclusive of food and rent are around US$14 to $15 per month. Bills, such as electricity and water, may also have to be paid. Other factory workers arrange monthly rates for meals with food-sellers – usually about US$13 per month, or cook at home.

Some participants mention the possibility of getting groceries or medical treatment on credit. A few young women state that they have debts of between US$30 to $50:[12]

> *I owe one person US$40. I don't know when I will pay [him/her] back.*

Interest on debts is said to be around 30 per cent initially. If the debt is not repaid as agreed, the interest will be doubled, and will be increased further if repayments are still not forthcoming. Although debt is spoken of by only a few participants, it seems very possible that many workers – particularly those from Factory Y - may find themselves unable to meet their expenses for food, utilities and accommodation. For example, one young man reports that in one month he spends $5 on rent and $18 on food and electricity – his salary the previous month was US$12. It is not explained how workers such as this young man make up the shortfall in their income.

2.3 DAILY ACTIVITIES AND FREE-TIME

Watching television, listening to the radio and reading magazines are popular pastimes with many participants. Many young women state that they spend a substantial amount of time on household chores, such as cooking and cleaning. Many participants state that they do not go out with friends at all on workdays. Going to eat dessert appears to be a popular social activity, although it is not clear how often participants go out to socialise. There are karaoke bars near all the factories and some workers report that they go there – although some women state firmly that they never go to such places. This may be due to the perceived insalubrious nature of karaoke bars, but as one young woman points out, money is an important factor in visiting places of entertainment:

> *I have never taken money to spend like that. [I] work hard, sometimes all night – [and] our salary is per month. To enter a bar [is to pay] per hour.*

Some young men talk of going to discos in Phnom Penh with friends - once every 10 weeks or so. Others comment that they are 'often too tired to go out'.

On holidays, the participants state that excursions to beauty spots or tourist places – such as Phnom Basith or Phnom Takhmao are popular, with friends, relatives or sweethearts. However, as few young women say that they have sweethearts, it is not clear whether they are speaking about themselves or about the activities of other people. Some participants have been on trips with large groups of colleagues – for example, one group of young men says that on Women's Day, they took the train to Kompong Som. Another group of 40 female factory workers hired a vehicle to take them to Kampot for a day.

Many participants visit their families during important festivals, such as Cambodian New Year or Prochum Ben[13]. It is not clear whether they are always able to go home at these times, or how often they are able to go home at other times.

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[11] The cheapest rent mentioned is R10,000 (approximately US$2.6) per month.
[12] It is not clear to whom they owe this money. There is an ambiguous reference by one male participant to borrowing money from people within the factory.
[13] Prochum Ben is an important religious festival in Cambodia which takes place annually in September or October.

2.4 FAMILIES AND FRIENDS

Most participants state that parents are very important figures in their lives:

> *No one is worried about us: there are only our parents who are concerned about their children at all times.*
>
> *No one is as good as our parents.*

Mothers would be the first person many participants would turn to with problems:

> *... Because she can defend us.*

The advisory role of parenting is stated to be important by some young women:

> *[Parents are] important as they admonish and advise.*

One group of female participants says that if a young woman has no elders to advise her, she:

> *...Will not listen to anyone anymore, try to do what she likes more and more...Now she is not a virgin.*

There is strong pressure on some young people to listen to their elders:

> *My mother will beat me if I do not listen to her.*

Parents may be concerned that they are not on hand when their daughters are working in Phnom Penh, and advise them 'not to wander for pleasure'. Young women may feel bereft of support when they are far from their parents:

> *When we think [about our future] we are frightened, but don't know what to do or whom to ask: we can't ask our mother as she is far away.*

However, as noted in Section 2.1.1, not all the participants have parents, and some state that they have come from unsupportive, abusive or troubled homes. These young people are unlikely to consider the parents to be their main support:

> *I have a father but he is never concerned about me. He only loves his wife.*
>
> *Friends are more important than my father, who has taken a lover.*

It seems that, for young people living away from home, other people may take on some aspects of the parental role:

> *My landlord and landlady are very kind. They told me not to be angry with them when they are lecturing because they want us to be good.*
>
> *[Worker representatives at Factory X] love [us] as much as parents because parents stay at home, and at the workplace we have [the representatives]... Even though they have not actually raised us, they advise us as their children.*

One young women says of her sweetheart:

> *I have known him eight years. He can help me with money because I have only my mother and am father-less. We can regard him probably [as my father].*

Some young men state that house-owners do not always allow their tenants to go out. It is not clear to what extent participants in general seek parent-figures when they leave home to come to Phnom Penh, or whether people may sometimes adopt a parental role that is unwelcome.

Friends are very important to some young people, although they are often said to be less dependable than parents and relatives:

> *When we are far away from home out friends can help us.*

One young man says that he can tell his sweetheart 'any problem that happens'.

Frank assertions of self-reliance and independence made by a few young women are atypical of the participants' discussions:

> *I depend on myself.*
>
> *You can depend on no one, only on money.*
>
> *[In] my personal future, I do not want to be controlled.*

2.5 HOPES AND FEARS

Workers in Factory Y are overwhelmingly concerned with their working conditions, especially very low salaries, and the amount of hours they are expected to work. They are also very concerned about the possibility of dismissal. Underlying this is a foundation of unhappiness about being 'forced' to endure these conditions and treated badly by the management:

> *I am worried about being blamed, threatened…and dismissed, and about the salary being cut.*

The majority of the concerns expressed by the participants are directly related to poverty: the day-to-day living conditions of themselves and their families, the lack of opportunity to continue studying. Health is also a major concern – this is often related to working conditions or low incomes.

Many of the participants express the desire to work in order to be 'rich': this will enable them to help their families, make a desirable marriage and bring greater happiness.

> *[I] want a comfortable life, avoiding shortages in the family, and a more comfortable life for them.*

Few young people have a clear plan as to how this can be achieved. Some young men working in Factory Y state that they would like to find better-paid work in another factory. Others state that they would like to change jobs, becoming, variously, a sewing-machine repairer (in the factory), a construction worker, and a television and camera repairer. One would like to be a sewing machine repair-person in the factory. Another man previously trained for five months as a motorcycle mechanic, but had to stop due to lack of funds – he hopes that he can save money from his factory work to enable him to become a mechanic. Young women's ambitions tend to be less specific:

> *I want to work for an NGO.*
>
> *I want to leave the country.*

Some participants say that they would like to study English, although they may not perceive this to be a very realistic ambition for the near future:

> *I try to work hard but have no time to study as well.*

As noted in Section 1.1.2, a few young women are managing to fit further study into their lives.

Some of the participants express a straightforward desire for a better life, often involving an element of social change:

> *[I] want a comfortable life in society, without poverty in the countryside. [I] want development in the future, because there are still frequent shortages. Now Phnom Penh is not developed, because there is a lot of destitution.*
>
> *[I] want poverty to be reduced and development. [I] do not want banditry to happen.*
>
> *[I dreamt of] a good society with justice, fairness and full rights.*

While participants have many concerns and problems, many also state hopes and ambitions for the future. In general, it is not clear how attainable they believe these ambitions to be. Certainly, the young women employed by Factory Z who earn US$7 per month do not seem to perceive any immediate opportunities or possibilities for improving their lives. Their parents have advised them to find another job at a different factory, but the young women feel either that this is not possible or that they do not know how to go about doing so. One young woman expresses a sense of hopelessness with atypical force:

> *Our lives are like animals, [we] move without direction.*

3. SUMMARY CONCLUSION

The participants report that workers in the factories are predominantly single young woman who have come to work in Phnom Penh from the provinces. Many of the participants have had at least a few years of schooling. Some are unable to write, while others have completed secondary school. Poverty is the main reason the participants have come to work in Phnom Penh. Many participants are hoping to be able to support themselves and to save money from their salaries. These savings are often intended to relieve family poverty.

For some young people, work in the factories does not provide the financial opportunities that they had hoped to find. Many participants report having earned between US$7 and US$30 in the previous month. A young person is likely to pay between US$35 and US$60 for a job, before he or she begins to earn money. Expenses for accommodation in a room shared with up to nine others, food and utilities amount to around $20 per month. While only a few participants state that they are in debt, it is difficult to see how young people earning less than 50 per cent of their everyday expenses are making ends meet.

Poverty is a central concern for most of the participants, both in their everyday lives and as a constraint on their opportunities in the past and in the future, including study and marriage. However, it seems that poverty in everyday life in Phnom Penh is most likely to be an absolutely overwhelming concern for young people earning less than around US$30 to US$40 per month.

Wages, working hours and working conditions are variable. Most participants are very dissatisfied with their small salaries and long hours of overtime. The situation is worst in Factory Y where participants report routinely working 12 hour days, seven days a week. Participants at this factory report that they do not know how their salaries are calculated, and that overtime is compulsory. They dare not question either salaries or 'forced' overtime for fear of dismissal.

It is reported to be very difficult to take leave or sick leave from work, and substantial deductions are made from salaries for leave with or without permission. Deductions may also be made for 'mistakes' at work, complaining or arguing and forgetting clocking-in cards. Many participants are unhappy with their working conditions; for example, dirty toilets, dangerous machinery and inadequate breaks. Clinics exist in all three factories, and fees for at least some services are charged. The clinics are reported to have a completely inadequate supply of medicine and the participants have a very low level of confidence in the service as a whole.

The factories are all owned, or part-owned by foreigners. Managers and workers are physically segregated, occupying different spaces in the factory, eating different food in different canteens and using different toilets. Foreign managers do not usually speak the Cambodian language. There is a substantial level of hostility among many of the participants towards foreign management, based on resentment of a perceived uncaring and exploitative attitude towards workers and, for some participants, on reports of insulting behaviour towards the workforce.

Workers at Factory Z have representatives to liaise with management on their behalf, and participants express a high level of confidence in these representatives. The better relationship between management and workers in this factory may also be partly due to the fact that it is partly Cambodian-owned. Factory X is unionised, and the union representatives are considered helpful by many participants. The workers in Factory Y have no representation at all, and dare not represent themselves for fear of losing their jobs. A sense of resentment and social injustice is common to many participants, but it is expressed most strongly by young people from Factory Y.

Phnom Penh is widely perceived to be richer than the countryside, with more things to buy and new things to see. Young women perceive it to be a dangerous place. Many participants appreciate the new opportunities and sights in Phnom Penh. However, few express a desire to stay permanently in Phnom Penh, stating that it is 'happier' in the countryside with their families. Parents, in particular mothers, are usually said to be the first person to whom the participants would turn to with a problem. In the city, other people such as house-owners may take on aspects of a parental role for young women. However, it is not clear if young women always welcome this.

Some young women report experiencing problems in their family life, such as mistreatment by stepmothers. Others feel that their fathers do not provide as much support – particularly financial support – to their children as they are able to. These participants, in particular, express a strong need for self-reliance.

Many participants express the desire to find better-paid and more desirable work. These range from specific ambitions to change jobs within the factory to a general desire to 'work for an NGO'. It seems that young men may have more specific goals than young women. Some participants – mostly young men - state that they would like to continue their studies. However, only a very few young women state that they are currently studying. It is not clear to what extent the participants in general perceive their ambitions to be attainable.

HEALTH AND SEXUAL HEALTH

4. PUBERTY AND PHYSICAL MATURITY

4.1 GIRLS AND PUBERTY

Young women and men identify the onset of menstruation, the development of breasts and the growth of pubic hair as the physical changes in girls that signify physical maturity. Some young men note that a young woman's hips increase in size when she becomes mature. The onset of menstruation is a key event signalling a girl's passage into womanhood. Several female participants report that they were declared a 'virginal woman'[14] by their parents when they began to menstruate. Girls are perceived by most young women and men to reach physical maturity between the ages of 14 and 18 years. A few participants suggest 13 and 20 years as lower and upper age limits.

It is commonly reported that when a girl reaches puberty her skin becomes more beautiful, 'different from childhood':

> *Skin becomes yellow, different from usual.*

There is no consensus as to the exact hue of a mature woman's skin – some young women describe it as light blue, while some young men consider a red face to be a sign of a woman's physical maturity. Only young men mention the possibility of a woman developing acne when she reaches puberty.

A woman's face, as well as her skin, is reported to become more beautiful when she reaches maturity – she is likely to develop a 'full, pretty face'. One group of young women notes that this is not inevitable: they comment that young women from remote areas may never become beautiful and that some young women may be more beautiful before maturity than others are afterwards. The social context of becoming beautiful is discussed in Section 10.1.1.

In general, young women do not regard pre-menarchal girls as physically mature enough to have sex. They have heard that sexual activity for pre-menarchal girls will destroy their health:

> *Blood vessels will be broken and will result in permanent bleeding, and the uterus will open instantly.*

However, it is also observed that some young girls who are married at a young age do not appear to suffer ill-effects:

> *[They] begin to menstruate seven months after marriage ... and are pregnant after three to four years.*

It is not clear how common the marriage of pre-menarchal girls is perceived to be.

4.1.2 SAFE AGE FOR CHILDBEARING

Many young women do not regard women as physically mature enough to bear children safely until they are 20 to 22 years old. Others say that 18 years is a good age for a woman to have her first baby. However, it is often difficult to separate perceptions of physical maturity from the concepts of psychological maturity discussed in Section 10.1.2. Some young women consider that, as health becomes weaker as a woman grows older, it is better if a woman has her first baby before she is 24 years old. Having a baby after the age of 24 is also stated to be likely to involve a difficult delivery.

Young men do not discuss safe ages for child-bearing, beyond the mention of one female cousin who married at the age of about 14 or 15, and who has had one child without suffering any reported ill-effects. It seems that these perceptions are based on what the young people see around them and therefore may be flexible. For example, one young woman states that 30 is a good age to have a baby because her aunt

[14] ស្រីក្រមុំ

has just had a baby at the age of 30. Another young woman perceives her knowledge of safe childbirth to be insufficient:

> *I wonder, but I don't know. Who can I ask? So I wait until it happens to me.*

No participants state whether a young woman should avoid the perceived physical risks of giving birth at too young an age by avoiding sexual activity or by avoiding pregnancy.

4.2 GIRLS' EXPERIENCE OF PUBERTY

Many female participants describe being frightened and embarrassed when they reached puberty and suffering unpleasant physical symptoms. Many young women do not know about menstruation before they begin to menstruate themselves and frequently report that they feared the unexpected bleeding was caused by a leech biting them. Menstruation is commonly reported to be painful from the outset. Young women remember being afraid that people will be able to tell that they are menstruating. Some participants state that they found it difficult to go outside when they are menstruating and did not know in advance how to use cloth to protect their clothes from menstrual blood. A few young women remember that they experienced cravings for particular foods, such as mango and 'khvets'[15] when they started menstruating. This is compared to similar cravings they have observed in pregnant women.

Many female participants remembered feeling pain, itching and nausea when their breasts were developing and relate how they feared that they had an abscess. They approached a female relative with this fear and were reassured that their physical development was normal. Young women describe feeling afraid, shy and embarrassed when their breasts began to develop. The mothers and sisters of some young women prompted them to begin wearing a bra: others took the initiative themselves. Although many young women mention that wearing a bra makes a woman more beautiful, they remember finding it constricting, itchy and hot at first. For some, wearing a bra provided a defence against the embarrassment of growing up: one group of young women says that they began to wear a bra to hide their developing breasts.

Young women are most likely to discuss events such as the onset of menstruation, or worries concerning physical changes, with their mothers or other female relatives. However, some young women find themselves unable to talk to anyone. One young woman reports that she has had four menstrual periods so far and has not yet told her mother. Another says:

> *I dare not tell anyone because the elders say this is prohibited, ... [I am] not allowed to tell anyone because it is wrong.*

Some young women are advised by their mothers not to bathe. Others are instructed to 'clean their body' when they start to menstruate. Some mothers and aunts bought medicine for the young women when they started to menstruate. Young women are told not to 'stand by men'[16] and not to allow their breasts to be touched by men – this may cause their breasts to become bigger.

4.3 BOYS AND PUBERTY

Both young men and women perceive that young men will reach maturity between the ages of 15 and 20 years. The signals of physical maturity in boys commonly identified by young men and women are: a change in quality of voice; increased height; increased muscle or strength; the growth of pubic, facial and chest hair; growth in size of genitals and the ability to have erections. Breast growth is also perceived by many young men and women as a sign of physical maturity in young men: one group of young women explains that men's breasts grow as big as a thumb when they are mature. Some participants mention that boys may suffer from acne when they reach puberty. However, not all the participants have a detailed perception of boys' physical development. Some young women mention only a change of voice and the outbreak of pimples as indicators of puberty.

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[15] ខ្ទីត – a bitter fruit

[16] It is not explained why young women are told not to stand by men.

Many participants state that young men will have a new or increased desire for sex. Some young men state that this is often heralded by the onset of nocturnal emissions of semen. One group of young men explains how, 'when they were young', they would wake in the morning with an erection which would go when they urinated. As they got older they began to wake up 'feeling passionate' and to have erections when they saw women. One young man states that because of this he needs a wife and that he has told his older sister about this.

4.4 BOYS' EXPERIENCE OF PUBERTY

Few young men report any troubling experiences related to becoming physically mature. One group of young men mention being afraid that there was something wrong with their bodies when their breasts grew and feeling pain. However, young men's descriptions of a boy's physical development mostly focus on the ability to ejaculate, having erections and a burgeoning interest in sex.

Young women do not expect that boys will be troubled by their physical development – a minority imagine that men may feel sick when their breasts grow. Most young women expect that 'men will just be happy to have reached adulthood' and will start seeking sexual partners, either by asking their mothers to find them wives or by going to brothels.

Young men say that they talk to parents or relatives about their physical development. If they discuss their increased interest in sex, this is likely to be with male friends. Young women imagine that young men will ask advice from other men, both older relatives and male peers, in the same way that women will ask each other. A few young women guess that young men will not talk to anyone at all about their physical development.

5. REPRODUCTION

5.1 KNOWLEDGE OF MALE REPRODUCTIVE ORGANS

All participants identify a man's reproductive organs as consisting of penis and testicles. There is no substantial difference between the knowledge of the male and female participants. Figures 1 and 2 show examples of anatomical maps of male reproductive organs drawn by participants. The penis is known to ejaculate sperm and to be the organ through which men urinate. Few participants know what the function of the testicles is, although some men identify testicles as the place where sperm is kept. Some men have heard that sperm kept for too long becomes blood.

5.2 KNOWLEDGE OF FEMALE REPRODUCTIVE ORGANS

Figures 3, 4 and 5 show examples of anatomical maps of female reproductive organs drawn and labelled by the participants. As can be seen in Figure 4, some young women did not draw detailed pictures of female anatomy, but most participants were able to discuss their anatomical knowledge verbally. Most female factory workers and all male factory workers identified female genitals as a single organ. Three groups of women made a distinction between an internal organ - the 'reproductive hole' – and the external organ – the vulva. One group of women and one group of men marked a clitoris on their drawings.

The functions of this single organ identified by female and male factory workers is for having sex, for delivering a baby, for allowing menstrual blood to flow. Many participants stated that this reproductive organ is also for urinating. A separate urinary tract was identified by only one group of young women. One group of young women identify additional reproductive organs – groins[17] (see Figure 5) – for both men and women, stating:

> *Without the groin there is no child.*

All the participants knew that women have a uterus and that this is where the fetus grows. There were differences of opinion as to where the uterus is located, with suggestions including the centre of the lower abdomen, the side of the abdomen and the top of the thigh. One group of young women said that they did not know where it was. As abdominal pain before or during menstruation is a fairly common complaint among the female participants, it is not clear where those participants who are unclear about the location of the uterus perceive this pain as originating from.

Fallopian tubes[18] were mentioned by some young women during the research. A 'uterus stem'[19] was also mentioned by some participants (see Figure 5). No participants explained a connection between the uterus and the tubes or stem.

5.2.1 MENSTRUATION

Young women and men define regular or normal menstruation as occurring once a month, on the same date each month:

> *Menstruation is irregular if one month it starts on the fifth day and the next month it starts on the twentieth day.*

A few young men believe that a woman menstruates four times a month.

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[17] ក្រលៀន

[18] ខ្សែរៀ

[19] ខ្ពស់ផ្ទៃ

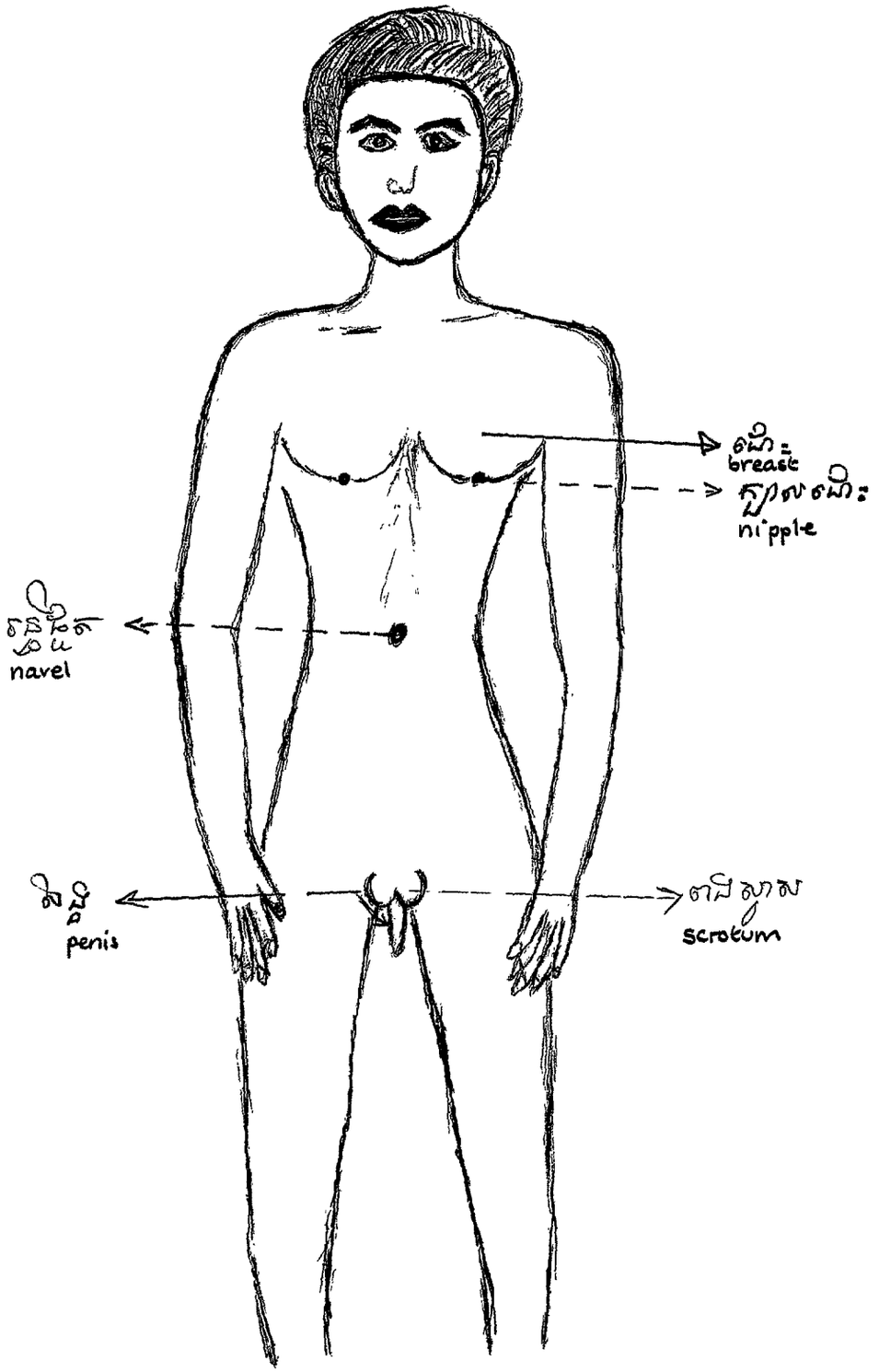

Figure 1: Drawing of male reproductive organs by young women, Factory Y, 5 April 1999

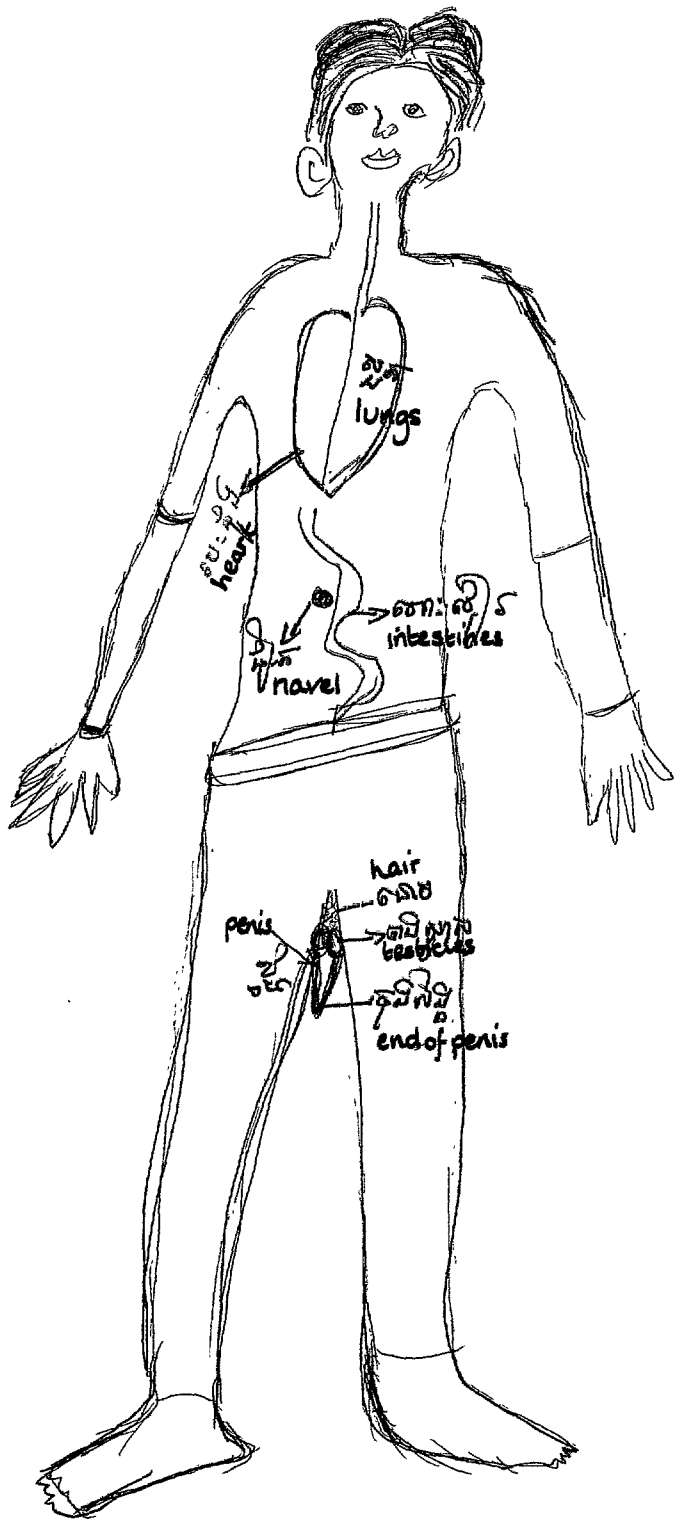

Figure 2: Drawing of male reproductive organs by young men, Factory Y, 5 April 1999

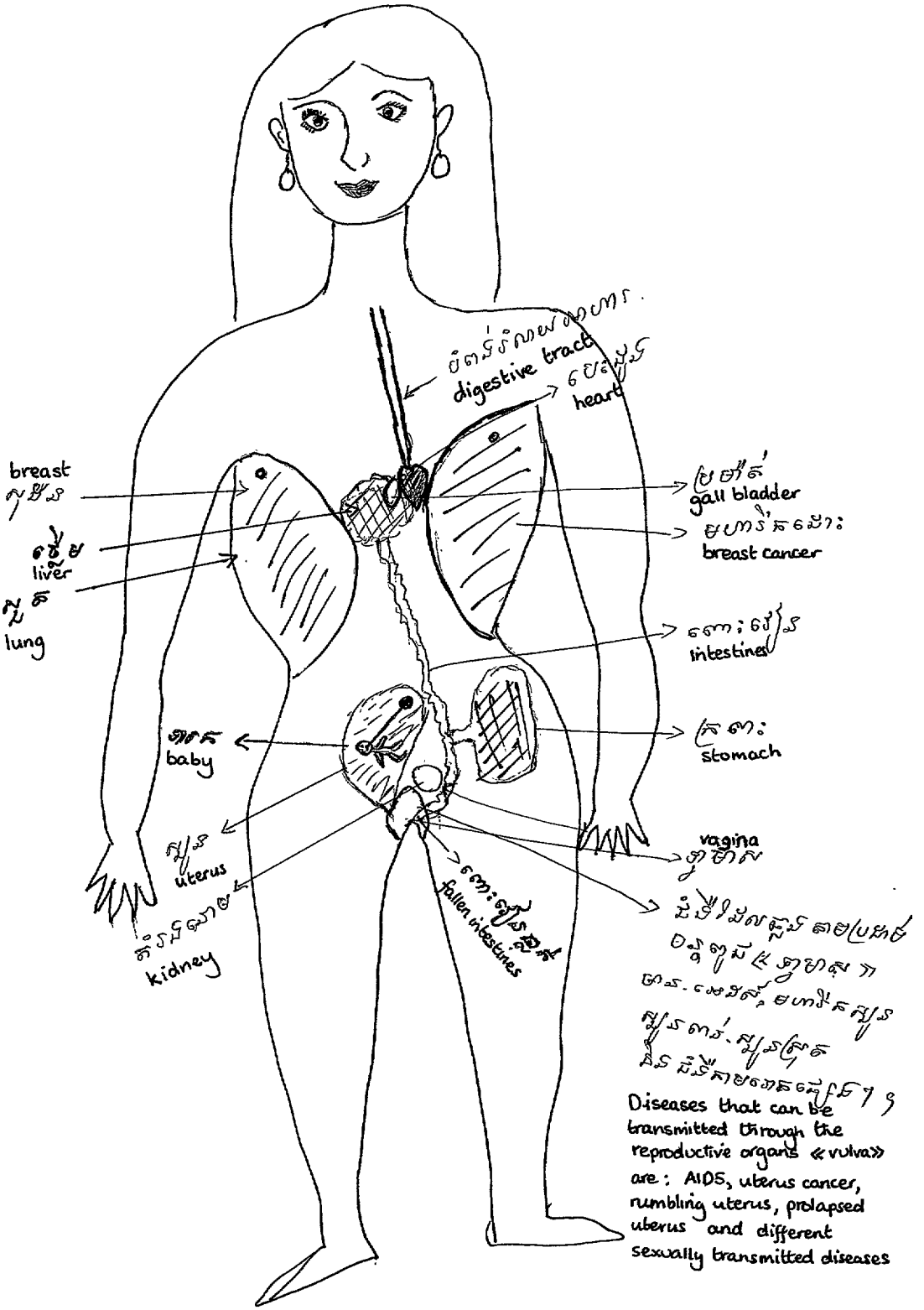

Figure 3:
Drawing of female reproductive organs by young women, Factory X, 27 March 1999

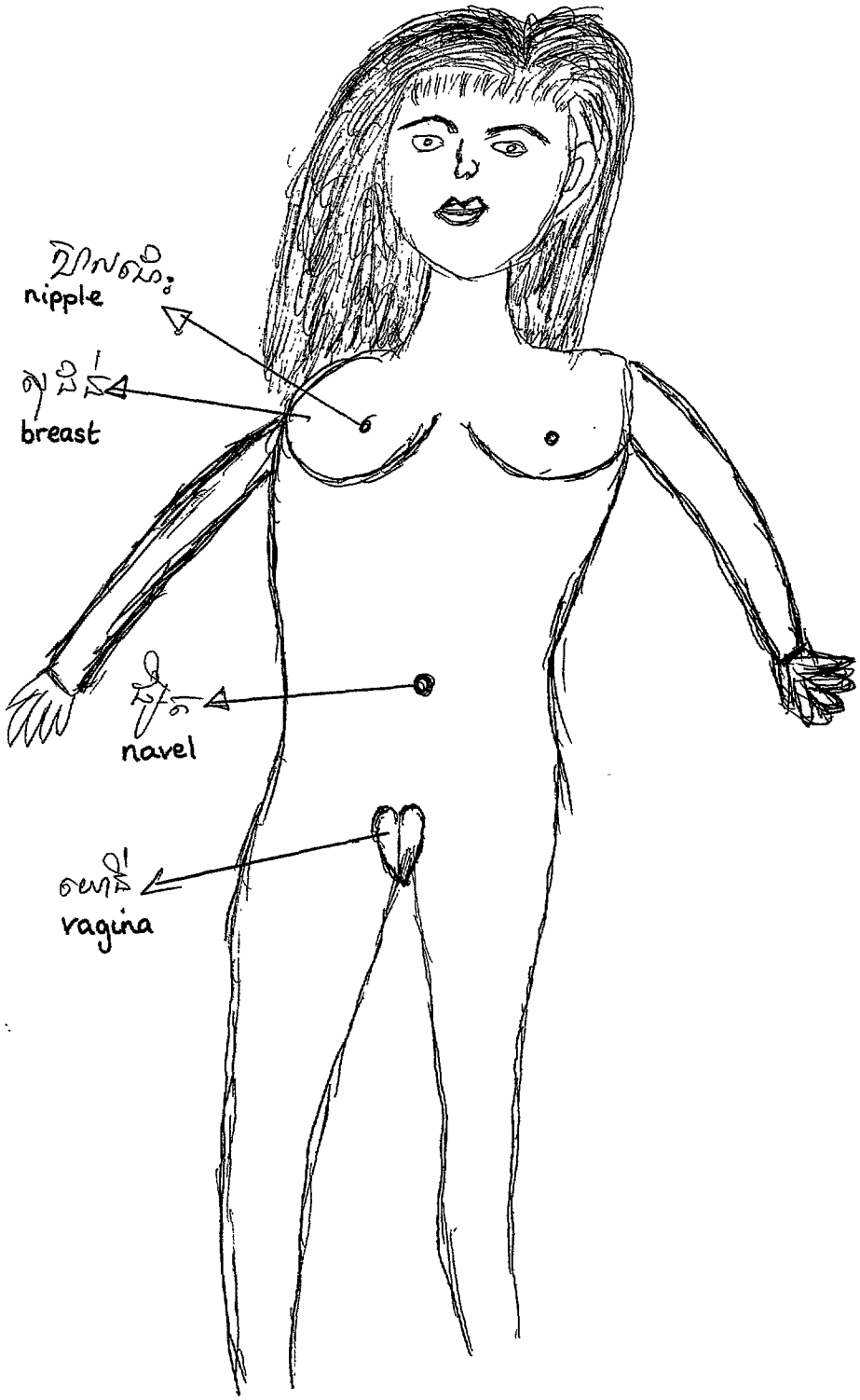

Figure 4:
Drawing of female reproductive system by young women, Factory X, 27 March 1999

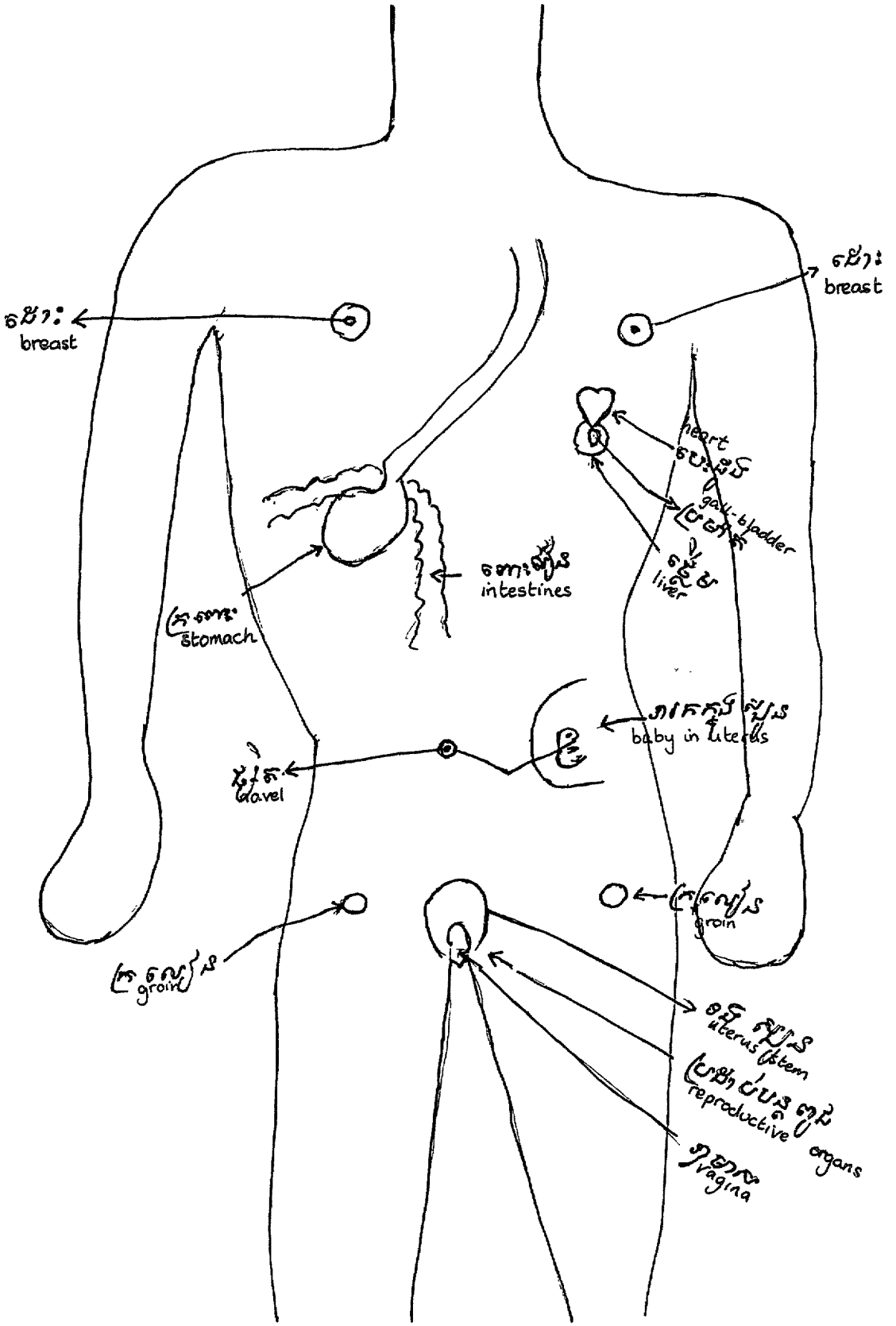

Figure 5: Drawing of female reproductive organs by young women, Factory Z, 1 May 1999

Irregular menstruation is perceived by virtually all the young women (and all the young men) to be one of the most frequent health problems affecting women. One group of young women states that 100 per cent of women suffer from this problem. It is believed to be caused by bad health, insufficient food and irregular meals.

When health is good, menstruation is good too.

Menstruation may be considered irregular when there is very slight variation from the expected due date. One young woman worries because her periods are sometimes painful and sometimes two days late. By contrast, some young women report considerably longer intervals between menstrual periods, such as three or four months. Menstruating before the expected date concerns one young woman, who reports that she sometimes menstruates twice in one month. However, some young women interpret menstruating more frequently than once a calendar month as a sign of good health.

Irregular menstruation is believed to be the cause of other health problems, such as stomach-ache, pain during menstruation, pimples and a bruised face. Young women may seek treatment for this irregular menstruation: they expect doctors to prescribe pills and injections and to advise them to eat food with vitamins. Another remedy is to eat a lot of sweets during menstruation.

Cessation of menstruation is widely understood to be a sign of pregnancy, although the link is not explained.[20]

5.3 CONCEPTION AND PREGNANCY

All participants know that pregnancy is the result of sexual intercourse. Some are able to offer more detailed explanations for conception. Some women state that pregnancy is the result of male sperm entering the vagina or the uterus. Other men and women explain that pregnancy results from the mixing of male and female sperm. Some participants explain that this takes place in the uterus. It is not clear how the participants understand that the male sperm might get to the uterus, or whether the female sperm with which it mixes is in the vagina or the uterus. A connection between vagina and uterus is made explicit by only one group – of young men – who note that it is adjacent to the vagina in order that male and female sperm can be mixed there. An alternative view of conception, raised in one group of young women, is that pregnancy results from the mixing of blood. One young woman states that a woman cannot get pregnant if she and her partner 'have the same blood'.

Those participants, male and female, who identify a fertile period state that it is during menstruation or that it is two or three days after menstruation. One explanation offered for this is that during menstruation the womb is open - and some participants also note that a woman is therefore vulnerable to infection at this time. A different understanding of the fertile period may be inferred from some statements made by young women about using calendar methods of contraception (see Table 2). For example, it is suggested that pregnancy can be avoided by having sex five days before or after menstruation. However, these statements were not explained further and it is not clear which part of a woman's monthly cycle the participants consider it is important to avoid. One young man – with whom other participants disagree - state that a woman is most likely to get pregnant when there is 'a good prediction on the honeymoon day'.

5.3.1 PREGNANCY

All participants know that the fetus gestates in the uterus. Young men do not volunteer any further information, but the young women have a variety of beliefs about the life of the baby inside the womb. Many young women believe the baby embraces the umbilical cord inside the womb and feeds by sucking on the end of it. One group of young women describes how the mother's food intake nourishes the baby, either through blood that enters the uterus or through the umbilical cord. A few young women mention that the fetus is inside the placenta, but no explanation of the function of the placenta is offered. It is also suggested by some participants that the navel of the fetus is linked to the navel of the mother.

[20] One group of young women mention that it is possible to diagnose pregnancy from a urine test.

The human gestation period is known by many participants, male and female, to be 9 months and 10 days.[21] All participants know that women deliver babies through their vagina. One young woman describes how when the mother goes into labour, the midwife will press down on her belly, causing the vagina to open. All participants know that babies live by breast-feeding after they are born – one group of young women comments that rich women do not like to do this.

5.4 CONTRACEPTION

All participants were familiar with the names of a number of contraceptive methods and some were able to provide a considerable amount of further information about these methods. Table 1 summarises the contraceptive methods listed by the participants:

Table 1: AWARENESS OF CONTRACEPTIVE METHODS: Number of groups who list each contraceptive method

CONTRACEPTIVE METHOD	Groups of women	Groups of men	Total
abstinence	0	1	1
'contraceptive medicine'	1	0	1
calendar method	2	1	3
condom	8	3	11
female sterilisation	3	0	3
injection	9	3	12
IUD	8	2	10
male sterilisation	1	2	3
Norplant	8	2	10
pills	9	3	12
traditional medicine	1	0	1
withdrawal method	0	3	3
Total number of groups	**9**	**3**	**12**

Table 1 shows that there is a very high level of awareness of the existence of pills, injection, Norplant, IUD and condoms as contraceptive methods.[22] Many young people do not have further information about contraception, or have knowledge, which is partially or wholly inaccurate. In general, young women's information about contraception was considerably more detailed that that of young men. Table 2 summarises the information about contraceptive methods volunteered by the young people:[23] Some contraceptive methods are believed to have the potential for positive or negative impacts on health, depending on whether the method suits the individual woman.

Overall, the participants express preference for modern reversible methods of contraception above natural or permanent methods. Four groups of young women state that condoms were the best contraceptive method, whereas no young men expressed this view. This was explained by some young women to be because condoms offer protection from both pregnancy and disease. However, a few young women state that condoms are not a contraceptive method.
Sources of information about contraception identified by the participants are: the media (especially television), neighbours and relatives, pharmacies, clinics and doctors. However, while most young people expect information on contraception to be available from the supplier, such as the clinic or pharmacy, only married people are mentioned as accessing these sources of information. One group of young women assert that a young couple:

[21] One young man notes that it is possible to give birth after 7 months.
[22] Attitudes to condoms are discussed further in Section 12.2.1.
[23] Some methods listed by participants, such as traditional drugs, do not re-appear in Table 2 as no further information was given. This table is an amalgamation of all the information supplied by the young people. Individual knowledge varied considerably from participant to participant.

... Would not know about contraception prior to marriage - they would ask their doctor.

5.5 ABORTION

The participants are familiar with the possibility of abortion, and some say that they know people who have had abortions. Abortion is widely believed to pose a considerable risk to a woman's health. Potentially fatal haemorrhaging is often mentioned as a possible consequence. Other health problems attributed to abortion are: a weak uterus and consequent infertility; weight-loss; temperature; pallor; restlessness; loss of appetite and fatigue. One participant has heard about a failed abortion that damaged the health of both the mother and the baby.

Some young women suggest that abortions would be done in a private clinic and that the cost of an abortion is US$20 for a pregnancy in its first month, and US$60 for a three-month pregnancy. Several young women state that an abortion would usually be done in the first two to three months of pregnancy, and that it is dangerous to have an abortion at a more advanced stage of pregnancy.

Some young women report that it is common in their factory for a woman to have an abortion because she has been abandoned by the father of the baby. One anecdote is told of a young factory worker who was taken for an abortion by her parents because she already had a fiancé in America. Other young women say that they have never heard about women they know having an abortion.

Abortion is mostly discussed in the context of the unplanned pregnancy of single young women, although some women mention older – possibly married – women having an abortion. One young woman explains that a woman might have an abortion when she does not want to have the baby, or because she has a lot of children.

Single young women are expected to want to avoid other people knowing that they have had an abortion:

[They have an abortion] far from their house because they don't want anyone to know.

Some young women state that a single woman who has an abortion 'is not good'. It is not clear whether the desire for privacy and the participants' expressed disapproval is a reaction to the abortion or to the fact that a single woman has had sex (see Section 10.2.1).

Table 2: KNOWLEDGE OF CONTRACEPTIVE METHODS

CALENDAR METHOD

Usage: Various explanations of how to avoid pregnancy by calculating 'safe' periods were given by two groups of young women:

- have sex five days before or five days after menstruation
- have sex one week after menstruation period and only one or two times
- some young women said that conception can be delayed for 1-2 years by having sex once or twice a week (or, once a week at the beginning of the week)

Young women note that a husband's agreement is required to use this method of contraception.

Advantages: No health consequences. One young woman reports that a woman she knows who already has two children has used this method successfully for a long time.

CONDOMS

Usage: Participants know that the condom is worn on the penis. One group of young men states that the condom should be put on by squeezing the tip of the condom and then rolling it back over the penis.

Not all young women agree that condoms are a contraceptive method:

> *A condom is for avoiding catching a disease. It protects against AIDS, it doesn't protect against getting pregnant.*

One group of young men has heard that a female condom is available in other countries, but not in Cambodia.

INJECTION

Usage: Young people commonly believe that the contraceptive injection is administered either every month or every 3 months. Some young women state that it is given during menstruation.

Advantages: Some young women believe the contraceptive injection is popular because it is easy, effective and can be used by women with high blood pressure.

Disadvantages: Like the pill, the injection may simply not suit some women, causing weight-loss. Other possible side-effects mentioned are a high temperature and amenorrhoea. Some young women wonder if the injection could cause bleeding if administered when a woman is pregnant. One woman has heard from her aunt that the injection can cause cancer.

Availability:
One group of women reports that the injection is available free of charge in commune health centres, or from the village doctor.

IUD

Usage: The location for the IUD is variously described as the vagina, the fallopian tubes and the uterus.

Advantages: Some participants state that the IUD suits some people, causing them to become fatter. Other young women say that it does weaken your health, but if it is removed after 2 to 3 years, health can be completely recovered. One young woman mentions that the doctor in her village says that an IUD should not be used after marriage.

Disadvantages: An IUD can cause uterine inflammation and haemorrhaging. Working hard with an IUD

in place can cause fallen fallopian tubes or bleeding. It may not suit some people, causing them to become thinner.

Availability: IUDs are believed to cost $20 to $30, or 1 to 2 'chis'[24] of gold.

NORPLANT

Usage: Participants who list Norplant as a contraceptive method know that it is inserted into a woman's arm. One group of participants identify an additional implant that is inserted into a woman's leg. A few participants volunteer an opinion about the form it takes:

> *Norplant is a tube that has medicine that is put in the arm.*
>
> *Norplant is as small as thread ... looks like a needle.*

Estimates of the duration of contraceptive protection provided by the implant range from one week to 10 years.

Advantages: Few participants have knowledge or opinions about Norplant. Some believe that it has no ill-effects and that it may be easily removed should ill-effects occur. Others note that it is more expensive than an injection, but that it lasts for longer.

Disadvantages: Some young women say that Norplant can cause uterine cancer, weight-loss and means that you cannot work hard. One group of young women note that Norplant has fewer side-effects than an IUD.

Availability: Pharmacies, clinics/hospital and NGOs are mentioned as places where Norplant is available. Some young women have seen information or advertisements for it on television.

PILLS

Usage: Two different contraceptive pills are commonly mentioned by young women: a white pill which is taken daily and a pink pill which is taken monthly. A third type of pill is identified by a few young men and women which is taken after sex (the young men describe dosage 'as once a week after sex'). The young men explain that taking this pill after sex dissolves the blood that makes the baby.[25] One of the young women reports that her mother uses this third type of pill successfully, ceasing to take it when she wishes to become pregnant.

Advantages: Some young women consider the pill to be a popular method of contraception because the woman can discontinue taking the pill at will:

> *... It's easy, when they need to stop, they can stop immediately.*

The monthly pill is considered preferable by some young women as it is easier to take thān the daily pill.

Disadvantages: Three groups of young women had an impression of the potential impact on health of taking the pill. One group of young women believe that the pill destroys health, causes weight-loss and that long-term use withers a woman's uterus, causing infertility. However, other women explain that the pill only causes health problems if it does not suit the individual woman:

> *If the pill or the injection suits a women she will be fat – if it disagrees with her she will become thin.*

[24] One 'chi' (ជី) is equivalent to approximately US$33 at the present time.

[25] This explanation of how this weekly pill prevents pregnancy seems to contradict the expressed belief of this particular group of young men, who said that babies are made from mixing the sperm of men and women. It is not clear whether this pill is believed to be effective if the woman has sex only once a week directly before taking the pill, or if she can also have sex during the week.

Some felt that pills are better for health than the contraceptive injection, although they can cause dizziness and lack of strength. ***Availability***: Both the monthly and daily pill are available from clinics and pharmacies – some young women mention that people prefer to go to bigger clinics. The monthly pill is said to cost R800 per pill.
STERILISATION A distinction between permanent contraceptive methods - sterilisation - and reversible methods is drawn by some young people and those participants who mentioned sterilisation did not list it as a contraceptive method. They were aware of the possibility of both male and female sterilisation.
WITHDRAWAL METHOD Withdrawal of the penis from the vagina before ejaculation is mentioned as a contraceptive method by all the groups of young men. None of the young women mention this method. One group of young men note that they are not sure if Cambodians ever do this.[26]

[26] The young men mention that they know about this method from watching sex videos.

6. HEALTH

6.1 CONCEPTS OF HEALTH

6.1.1 GOOD HEALTH AND WEAK HEALTH

Two states of health were described by participants; good health and weak or bad health. Weak or bad health makes people vulnerable to illnesses; for example, bad health is the cause of high fever. Certain illnesses, medication and activities are dangerous because they may damage health; for example, certain contraceptives can damage or destroy health (this effect is sometimes reversible). Key factors in maintaining or achieving good health are sufficient food and sufficient rest.

Irregular and insufficient food intake causes or contributes to weak health, which leaves the person vulnerable to disease. It may also directly cause illness, such as stomach-aches and head-aches. Stale food, such as left-over rice, can cause certain illnesses, such as stomach-ache, while unhygienic food or water can cause illnesses such as cholera, vaginal discharge, irregular menstruation and impotence. Some types of foods can cause particular illnesses; for example, 'hard food', such as mango, guava and pineapple, can cause stomach-ache and typhoid. Certain foods may exacerbate or trigger a latent illness; for example, eating 'Kapa' duck and having sex may trigger the symptoms of syphilis:

> *I have seen syphilis on my neighbour ... At first, his skin was clear and beautiful, but after having sex and eating the wrong food, black points appeared on the skin.*

Sufficient food intake can contribute to a cure for certain illnesses – for example, plenty to eat and plenty of rest are recommended by some young women as a cure for a prolapsed uterus (lack of food is not identified as a cause of prolapsed uterus). Loss of appetite is a very common symptom of illness.

Hard work or lack of rest are the other key contributing factors to weak health and illness. One young woman describes how she will shortly be having an operation to treat swollen intestines, the result of working hard when she was young, carrying heavy objects on her head and shoulders. She states that this disease can cause death if not treated within a year. Many other health problems are related to working hard; for example, numbness of limbs; fainting and dizziness; vaginal discharge; irregular menstruation; rumbling uterus; miscarriage; vaginal bleeding; prolapsed uterus and impotence.

Rest is commonly recommended as a partial treatment for illnesses. Failing to rest when sick is often stated to be particularly dangerous. The participants often perceive themselves to be in this position as the lack of paid sick leave and the difficulty of getting permission to take sick leave makes it difficult for them to take time off work.

6.1.2 SEQUENCE AND SEVERITY OF ILLNESS

Many illnesses are understood to be the consequence of another untreated illness, part of a chain of separately identifiable and progressively more serious illnesses. For example, some young women explained how vaginal discharge - widely perceived to be a common and serious health problem for women – will lead to uterine ulcers if left untreated, which will in turn cause uterine cancer.

The participants perceive that even illnesses which are usually minor can suddenly progress to a more serious condition or even prove fatal; for example, fainting is said to kill the patient occasionally. Similarly, some young women say that constipation that lasts seven days is fatal. The participants do not necessarily know the cause of such frightening diseases and therefore are unlikely to feel able to avoid them. For example, constipation is sometimes caused by eating bread and sometimes the cause cannot be identified. Some young women state that a person may simply die suddenly in their sleep.

The participants do not discuss the possibility that some illnesses may be of a self-limiting nature - recovery from illness is usually attributed to treatment. This concept of health seems likely to be a contributing factor to the participants' concern about their health and to increase anxiety when they develop symptoms.

6.1.3 THINKING TOO MUCH

Health problems and illnesses are described as resulting from psychological causes such as stress or worry, or a mixture of physical and psychological causes. There is no different pattern of treatment suggested for illnesses identified as having psychological causes. For example, hypertension is caused by:

> *... Any artery in our body becoming wilted. That's the reason we have hypertension and the heart cannot function well.*

However, this illness also seems to have a psychological component. Some factory workers described how a factory worker often fainted on arriving at work and was diagnosed with hypertension at hospital. The hospital is stated to have cured her, but:

> *Sometimes ... there is something that makes her nervous and she becomes unconscious again.*

'Thinking too much' is very commonly cited by young men and women as a cause of head-aches and - by some participants - as a cause of irregular menstruation. Some young women also report that thinking too much can cause brain cancer. They state, therefore, that to avoid brain cancer:

> *We must be happy a lot and not think too much.*

Weak heart disease is described by many participants. Young women variously describe the symptoms of this disease as: fainting; easily tired; terrified; exhausted and trembling when angry. Some participants state that symptoms of an imminent 'attack' are dizziness and cold fingers and toes - at which point the patient should avoid crowds and panicking. Identified causes are poor circulation and shock. Preventive measures include not worrying everyday and not being afraid. 'Love disease' is described as a health concern by one group of young women. The symptom is sadness, and it is considered serious because it can lead to suicide.

6.1.4 SPIRITS

Spirits also affect health and well-being and the precautions and remedies against problems with spirits are closely associated by participants with traditional healers and (by a few young men) monks. Child-birth is described as a dangerous time by some participants, when harmful spirits can enter a woman's body if precautions are not taken. For example, while a woman is giving birth she must not be allowed to smell a strange smell, such as rubber, or be frightened by loud noises. A thorn tree can be used to protect the woman.[27] Placing the bed in the wrong place and leaving the mother alone may also allow spirits to enter the body after child-birth and advice should be sought from monks or other religious advisers about the proper positioning of the bed. Incense and prayer also protect the mother.

A few young people mention personal experiences of problems caused by magic. One young woman reports:

> *I suffered from magic. The traditional healer treated [me].*

One group of young women states that not everybody shares these beliefs. Some state that they do not believe in spirits and spiritual remedies themselves: others that they 'half-believe' it, or believe '70 per cent'. Opinions are similarly divided among the male participants.

6.2 WORK-RELATED HEALTH PROBLEMS AND RISKS

The young people are extremely worried about their health. Wages are insufficient to access adequate medical treatment if they become ill. Becoming ill increases financial hardship as wages are cut, or earning power lost altogether. A shortage of money is stated to lead to inadequate food intake, which is

[27] This discussion caused one group of young woman to wonder where a thorn tree would be found in Phnom Penh.

perceived to weaken health, possibly permanently, and to be a direct cause of some illnesses. Many participants are extremely worried about the effect that working long hours at arduous jobs has on their health:

> *I worry about my health ... overtime gives us head-aches and fever.*
>
> *Working too much overtime causes the workers to have fever and health problems...[and] causes other sicknesses and weak health.*
>
> *Overtime makes health become weak.*
>
> *I have a problem in working [so much] overtime; my health becomes weaker.*

Young women from Factory X also report negative consequences on their health from having only half an hour to eat and rest at lunch-time. This causes fatigue and stomach-problems and is also perceived to cause typhoid - the symptoms of which are a white tongue, temperature, shakiness and loss of appetite. They are told that it is typhoid by the people who work in the pharmacy.

A great many participants describe suffering minor ailments, such as head-aches and cold symptoms with extreme frequency – as one young woman put it:

> *32 days a month.*

Many ailments, both those considered minor and those believed to be more serious, are attributed by the participants to their working conditions. Dust from cloth is reported to cause coughs and many workers are frightened of developing lung disease as a result. Some young women also state that they cough and choke because of the air-conditioning in the factory.

Numb and swollen limbs are a frequent complaint. This is attributed by young men to working hard: they report that doctors have told them that it is also due to the kidneys being 'nearly broken'. Young women state that not going to urinate causes their limbs to swell, but that they suffer this because they are afraid of being rebuked for visiting the toilet too often.

Sitting down to sew for long periods of time is reported to cause back-pain and stiffness and, in women, vaginal discharge:

> *We all have back-pain. We are sewing.*
>
> *[Vaginal discharge happens because] we sit to sew too much, and do not stand up and [we] get hot.*

One young woman mentions that it can be difficult to treat vaginal discharge, as workers are not allowed to bring the traditional medicine into the factory.[28] Other sexual health problems for women that may be associated with working conditions and practice are: irregular menstruation; urinating difficulty and menstrual pain (see Table 5).

Working hard and bending over causes head-aches. Young men, particularly in Factory Y, also complain of being faint from exhaustion. Some young women say that working hard or carrying heavy objects when they are sick causes them to cough blood, which they are frightened may be tuberculosis.
Women from Factory Y summarise the effect their work has on their health:

> *[We] are worried about head-aches, dizziness, exhaustion ... malnutrition and menstrual irregularity because of [our] occupation.*
>
> *[I am] sick frequently: I work overtime and [I have a] cheap salary.*

[28] It is not clear whether this young woman means that workers may not bring the medicine into the factory at all, or whether regulations about consuming food or water prevent workers from taking medicine at the appropriate intervals.

7. SEXUAL HEALTH PROBLEMS

The young factory workers identified a number of sexual health problems, some of which cause them considerable anxiety. Sexual health problems which affect only men or only women are discussed in the following two sections. Illnesses that the participants identified as sexually transmitted, affecting both men and women are discussed in Section 7.3.

7.1 WOMEN'S PROBLEMS

Between them, the participants identified nearly 50 sexual health problems that affect women. Both young women and men identified similar sexual health problems for women. However, the knowledge of the young men about these health problems was very limited, while the young women were able to supply a considerable amount of detail about signs, causes, transmission and treatment.

Table 3 summarises the participants' knowledge of the symptoms and progression of women's sexual health problems that are not identified as sexually transmissible by the participants.[29] Table 4 summarises the reported causes of these health problems. Vaginal discharge is reported to be extremely common among the young women and may be considered potentially extremely serious. Young men also consider that this is a common and serious problem for women. As can be seen from Table 3, the reported symptoms of a vaginal discharge are quite varied. A very few women said that they had a white discharge prior to menstruation and that this was 'normal'. For the vast majority of female participants, these symptoms are extremely worrisome.

Menstrual problems are a very serious concern for the female participants, as stated in Section 5.2.1. Abdominal pain during menstruation is a frequent complaint. Not all the young women decided to list this as a health problem, apparently considering it more unpleasant than worrying.

7.2 MEN'S SEXUAL HEALTH PROBLEMS

Although many problems affecting men's sexual health were identified by both male and female participants, discussions about men's health focused on STDs rather than sexual health problems which are not transmissible sexually.[30] While this undoubtedly reflected the interest - and the perceived interest - of the researchers to some degree, it seems that while the male participants are concerned about their health, they are not worried by non-sexually transmitted sexual health problems to the same extent as the female participants. Tables 5 and 6 summarise the participants' knowledge of the symptoms, progression and causes of men's non-sexually transmitted sexual health problems. Differences between men's and women's knowledge was not striking, as the depth of information collected was not great: young men seem to have more knowledge than women about these illnesses.

[29] Tables presenting the participants' knowledge and beliefs about health problems represent an amalgamation of their knowledge. As noted above, the young men had scanty knowledge about women's sexual health problems. It is indicated if any statement represents a very minority view. Not all illnesses listed in the appendices reappear in other tables. This is because the participants did not have any further information, or because these illnesses were not discussed further. In general, the level of detail about each illness reflects both the length of discussion about it and the participants' interests and concerns.

[30] It should be noted that non-sexual transmission routes were also identified for some of these infections.

Table 3: SYMPTOMS AND PROGRESSION OF WOMEN'S SEXUAL HEALTH PROBLEMS

Disease	Symptoms and Progression
menstrual pain	• abdominal pain • slight temperature • stomach upset • fatigue • shooting pains • sweating • feeling cold *... Can't do anything.* *... Want to cut off body below the waist.*
amenorrhoea	• menstruation ceases for 2 months or more: *There is someone working with me. [Her period] came once at the age of 15 and again when she was 25.* • thin • pale, grey skin • tired • can be dangerous when you get married • 'not good' to keep the blood in the body • stomach-ache
breast cancer	• swollen lymph glands
hernia/fallen intestines	• swollen intestines • stomach-ache • nausea • heartburn
miscarriage	• bleeding • pale • fatigue • loss of appetite • can be fatal due to loss of blood
irregular menstruation	• menstruation starts on a different day each month *For example, the 1st January it comes and the 1st of February it does not come - that is an irregular period.* • mostly affects single women
urinating difficulty	• urinating frequently and very little • causes kidney inflammation
sweet urine	• swollen limbs • pale • urine attracts ants • hair greys prematurely • untreated, the disease worsens until: 'the skin comes apart, only bone is left, and you die'
prolapsed uterus	• uterus falls through vagina • preceded by vaginal discharge • can be fatal
uterine cancer	• vaginal discharge • sore • itchy

	• swollen vagina Some young women note that they have never heard of single women having uterine cancer
vaginal bleeding	• haemorrhaging after giving birth can cause death – can be treated • pale • restless limbs • fatigue
post-partum illness	• can be fatal
vaginal discharge	• white discharge that occurs before menstruation • yellow discharge (which is untreatable and cannot be prevented), which may evolve from a white discharge • thick white discharge • itching • discharge after menstruation • discharge that is as heavy as a menstrual period and is sometimes described as blue in colour • clear water, thick water, thick water and rice-water together or with lumps, smelling unpleasant. The discharge starts off white, and then goes yellow (some say blue but not everyone agrees) • causes uterine ulcers and ultimately cancer, if untreated • causes prolapsed uterus • only single women have vaginal discharge • weight-loss, if the discharge continues for a long time • loss of appetite • loss of sleep • abdominal pain similar to menstrual pain • anaemia • hot inside body • hot around the vulva
vaginal itchiness	• itchiness on the lips of the vagina
vulval/vaginal sore	• only affects married women

Table 4: CAUSES OF WOMEN'S SEXUAL HEALTH PROBLEMS

Disease	Causes
sweet urine	• eating sweet things every day
vaginal discharge	• caused by eating: food with no blood, such as snails, small shrimps, small freshwater clams; spicy or strong-smelling foods; arum; aubergine; certain herbs including citronella; certain types of fish; banana flower soaked in arum water • sitting down for a long time/sitting down to sew for a long time • lack of hygiene: *Our bodies are hot, we are dirty and unclean. A long time later we have vaginal discharge.* • heavy work • bad health • heat inside the body A very few young women said that this white discharge happened before a period and was normal for all women. A few other participants agreed that the discharge occurred just before menstruation, but had heard that it was an illness.
irregular menstruation	• bad health • not enough food • not enough vitamins • irregular meals • thinking too much • sitting for a long time • soaking in water for too long • lack of blood *We work a lot, eat not enough.*
vaginal bleeding	• heavy work, especially when 1 or 2 months pregnant and lifting heavy things • giving birth
breast cancer	• it is an abscess that spreads and eats the breast. • caused by wearing tight bras, which become wet and do not allow air to circulate
prolapsed uterus	• fitting an IUD • lifting too many heavy objects or working hard after childbirth • having a lot of children
rumbling uterus	• too much hard work after having a baby
urinating difficulty	• not urinating regularly • being hot inside the body
uterine cancer	• infection due to lack of hygiene
uterine infection	• pain on urinating
uterine ulcers	• vaginal discharge • very hot inside body
menstrual pain	• caused by lack of sanitation • sitting for long periods *Sitting a lot makes our blood jam, causing pain.*
gravel in fallopian tubes	• enters when you eat food
miscarriage	• working too hard • reaching over-head

TABLE 5: SYMPTOMS AND PROGRESSION OF MEN'S SEXUAL HEALTH PROBLEMS

Disease	Symptoms and Progression
haemorrhoids	• dizziness when sitting
ringworm	• exists all over the genitals
inflammation of kidneys	• swelling of limbs
unequal testicles	• possibly infertile (this is disputed by some young men, on the grounds that the man still has sperm)
hernia	• very painful. 'Intestines falling into scrotum' can cause death if the hernia becomes too big

TABLE 6: CAUSES OF MEN'S SEXUAL HEALTH PROBLEMS

Disease	Causes
impotence	• heavy work • over work • not enough food
premature ejaculation	• high passion
penile discharge	• one group of young women states that men have a white discharge every month: it is not clear why this is considered a health problem
inflammation of kidneys	• sitting down for a long time • not urinating regularly • high temperature in the body • too many chemicals in the body • drinking too much alcohol

7.3 HIV/AIDS AND STDS

7.3.1 SYMPTOMS AND PROGRESSION

Table 7 shows the symptoms of HIV/AIDS and STDs identified by the participants and their knowledge of the progression of these diseases. The symptoms for STDs were mostly discussed in the context of men's sexual health problems and should be considered to apply to men, unless otherwise stated. The perception of STDs as gendered diseases is discussed in Section 7.3.4.1.

Most participants are aware of the possibility of testing blood to identify whether a person is infected with HIV/AIDS, both when a person has no symptoms and in order to confirm the diagnosis in a person who is ill. However, a lack of clear information about the window period of testing contributes to serious misunderstandings about the circumstances in which blood-tests provide a reliable indicator of HIV status. Some participants recommend a blood-test for both people a short time before marriage. Others recommend three blood tests:

> *Test once and get the result the next day. Test again three times.*

Some participants have heard that the first test will not detect HIV infection. No reasons were given for this.

Table 7: SYMPTOMS AND PROGRESSION OF HIV/AIDS AND STDS

Disease	Symptoms and Progression
breaking syphilis	• rash all over the body • blisters, which then disappear
gonorrhoea	Symptoms for gonorrhoea were described by a minority of female participants. Many young women did not mention gonorrhoea, were not sure if gonorrhoea was a separate disease from syphilis, or said they did not know any symptoms. Those who did describe the disease mostly volunteered very similar symptoms to those they gave for syphilis. The main difference between descriptions of the two diseases is that some young women perceive gonorrhoea to be a urine infection. Identified symptoms: • urine infection • panting • tired • constipation • thin and dehydrated • temperature • blister with pus • cannot sit down • swelling • cannot put on trousers • cannot urinate
hidden syphilis	• pain in the sexual organs • temperature and swollen face It is rarely cured
HIV/AIDS	None of the participants differentiated between HIV and AIDS. It is generally stated that AIDS patients will die some time after contracting the disease – periods of between 3 months and 3 years are mentioned, mostly based on anecdotal evidence. One group of participants has heard that people can live for 10 years, but state that rural people usually live for between three months to one year. Participants generally state that people with HIV/AIDS may not exhibit symptoms. They do not state how long an asymptomatic phase of infection might last. Their understanding of why people might be without symptoms is not clear. Nor is it clear if life expectancy of people with HIV/AIDS is estimated from the time of infection or the time that they start to have symptoms. All participants identified weight loss or becoming thin as a symptom of AIDS and skin problems such as a black-red rash, blisters, eruptions and chapped, scaly skin are commonly mentioned. Other symptoms identified are: diarrhoea; feeling hot and cold; fever; loss of appetite; hair-loss; dry and cracked mouth; inflamed lips, infected mouth ulcers; paleness; pale eyes; blisters in ears; tender hands and head-aches.
syphilis	Many participants identified the following symptoms: walking with bow legs/waddling; inability/difficulty in urinating; urinating with pain (may cause sufferer to cry out); discharge from penis (some young women say that this is a symptom of gonorrhoea and not of syphilis); difficulty in wearing trousers; skin rash Some participants also identified: swelling (which may burst); immobile penis; temperature; cauliflower-like growths; weight-loss; pain in bones; frequent vaginal discharge One group of young women reports that the symptoms of syphilis may also be triggered by

	eating 'Kapa' duck. There was no noticeable difference in the information provided by young men and by young women. Some participants have heard from older people that AIDS and syphilis are the same disease. Another link between the diseases is explained by one young woman: Syphilis can be treated, but if it happens another time, AIDS will happen. Some young men state that a person with syphilis cannot have sex, but others state that a man can have syphilis without pain, in which case he can have sex with his wife and infect her. Syphilis develops from sweet urine disease. Can be fatal
syphilis-gonorrhoea	• blister with pus • hot and painful inside the body • thin and weak • exhausted • cannot sit down

7.3.2 HIV/AIDS: FORTUNATE RECOVERIES

The vast majority of participants state that AIDS is a fatal disease for which there is no treatment:

> *In this world, no one can cure it.*

One group of young women mentions that there was treatment that could relieve the pain, although it would not cure the disease. However, a few participants have heard about effective treatments for AIDS. In the face of stories of cures and healing, some young people review their position:

> *Some people were very fortunate to recover from AIDS by taking traditional medicine.*[31]

Four specific cures were mentioned:

1. One young woman has an uncle whom she knows to be an effective healer of AIDS. He uses a remedy containing pineapple juice and vinegar to cure the illness. She notes that this provides him with a lucrative business:

   > *He earns much money from cottage to concrete house*

   Other young women in this discussion did not dispute this information.

2. One young woman stated that a cure for AIDS is to take lice from chickens and black sugarcane[32], but this was not accepted by the other women in the discussion.

3. The participants may accept that medicine exists to cure AIDS without specific knowledge about the ingredients. One young woman relates:

   > *One person near my house said that his relative had AIDS. He took traditional medicine and modern medicine. Now he is cured of AIDS. When questioned about which medicine [cured him], he answered that he did not know as he had taken so many kinds of medicine ... [he knew he had got over it because] his blood was tested three times and there was no virus and now he has become white.*

   Some of the other participants in the group accepted that this cure was a possibility.

4. One young woman has been told that an AIDS patient who has sex with a woman who has never had sex can live for a long time. The patient will not recover, but will live for a long time. As a consequence, her aunt warned her:

   > *Don't be good at going for a walk, otherwise they'll catch [you] for the person who has got AIDS, because they want [your] purity in order to live for a long time.*

   This young woman is now afraid of walking around.

7.3.3 TRANSMISSION OF HIV/AIDS AND STDS

The transmission routes of HIV/AIDS and STDs are shown in Table 8. Not all participants agreed on transmission routes - for example, not all participants mentioned the possibility of infection with syphilis from urine and not all participants agreed that gonorrhoea is sexually transmitted.

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[31] The bio-medical tradition that is mainstream in Western countries is here referred to as Western medicine, and its practitioners are referred to as doctors. The medical and healing traditions that are indigenous to Cambodia are here referred to as traditional medicine and its practitioners are here referred to as traditional healers. These terms are for ease of reference only: further implications – such as about the medical training of doctors – are not intended.

[32] Black sugarcane is frequently used in cures for STDs.

Table 8: TRANSMISSION OF HIV/AIDS AND STDS

Disease	Transmission
HIV/AIDS	Identified by most of the participants: • sex • injections/sharing needles Identified by many of the participants: • blood transfusion • manicures/sharing manicure tools • shaving/cuts that cause bleeding while shaving/sharing razors • breast-feeding • mother to unborn child *I heard them say that when the wife is pregnant and has sex, AIDS enters the mother's blood and is transmitted to the blood of the fetus: next day the fetus will die also.* Identified by a few of the participants: • using material/cloth • mother to child (unspecified route) • cuts on body • hair cutting
syphilis	• sex • walking over the urine of someone who has syphilis • urinating in the place where someone who has syphilis has urinated • 'one woman went to defecate and caught syphilis' • sharing clothes • too much sex
hidden syphilis	• sex
breaking syphilis	• sex
gonorrhoea	• sex • not contagious One group of young men explains that there are two kinds of gonorrhoea, one with small 'stones' and one with a rice-water discharge. One participant says that the latter form of gonorrhoea is the result of eating too much rice-water, but the other participants in the group dispute this. If you have this type of gonorrhoea, you are not allowed to eat rice-water.

The transmission routes for HIV/AIDS were identified during lengthy discussions, rather than listed quickly by the participants. This may reflect some uncertainty among the participants about their knowledge of HIV transmission. Some diseases – such as breaking syphilis and hidden syphilis were identified by a minority of participants, and so all further information – such as transmission routes - were identified by a small number of participants.

The participants' understanding of how infections are passed through sex are varied. One group of young women believe that infections are not passed from one person to another, but generate themselves in the body of a person who has a lot of sex.[33] Some young men specify that infections are transmitted through sperm[34]:

Sexually transmitted diseases are transmitted through the sperm when having sex.

Other young men say that infections are passed in the 'female sperm'. One group of young women states that women do not contract STDs, but retain the infection in their body and transmit it to men. Some participants state that diseases are transmitted 'through the reproductive organs' or that they enter the body through the hole in the penis or through the vagina. Most participants simply say that infections are passed through sex. The possibility of transmitting infections through sex between women or between men is not discussed and the only form of sexual activity referred to by the participants is peno-vaginal intercourse.

7.3.4 HIV/AIDS: PERCEPTIONS OF PREVALENCE

The participants know that HIV/AIDS exists in Cambodia, and many state that it is an epidemic of significant proportions:[35]

Since the UNTAC period in Cambodia, almost all the citizens have AIDS. [36]

AIDS has been spreading throughout Cambodia.

AIDS has been very active in Cambodia.

We do not want the rate of [infection with] AIDS to increase.

Many participants know of people who are living with HIV/AIDS, or who have died of AIDS, mostly in the provinces.

My brother-in-law had it for three months: he has now died.

Many of these anecdotes relate how a man became infected with HIV/AIDS, and in many cases, the man is reported to have transmitted the infection to his wife. It is often reported that the man travelled away from home and returned infected with HIV/AIDS.

At my homeland, wives and children are infected too.

However, the participants also speak of women who are known to be suffering from AIDS without mentioning any other affected family members.

While the participants relate many anecdotes about people in their home towns and villages becoming ill with HIV/AIDS, they do not necessarily perceive that people around them in Phnom Penh are at risk of infection. One group of young men asserts:

There's no one with AIDS in our factory. It's not possible…

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[33] 'A lot' of sex is not defined.
[34] 'Sperm' refers to male and female sexual fluids.
[35] As noted in Table 8, a few participants have heard that HIV/AIDS is in fact a form of syphilis. It is not clear whether these participants perceive HIV/AIDS to pose the same level of threat as those who believe HIV/AIDS to be unrelated to other diseases.
[36] UNTAC, the 'United Nations Transitional Authority in Cambodia' was in Cambodia between 1992 and 1994.

However, they have heard of a woman in another factory who had AIDS. Curiously, a female participant from the same factory as these young men reports:

> *There was one man who had AIDS [in the factory] and his job was terminated. Then he committed suicide.*

7.3.4.1 Men's Diseases and Women's Diseases

HIV/AIDS and STD infection are considered to be very prevalent among commercial sex workers[37].

> *There are about 100,000 AIDS patients – mostly in bars and brothels, because they are [people who do] sex business.*

> *Eighty per cent of workers in bars and brothels have AIDS. More men than women have AIDS because one woman can transmit [the disease] to many men.*

However, as the above statement suggests, there is a perception among the participants, both male and female, that men are more often infected with HIV/AIDS and STDs than women:

> *Gonorrhoea ... is a male disease*

> *More men than women have syphilis - if women do have it, they get it from their husbands.*

There may be a perception among some young people that men are more vulnerable to infection than women - that it is harder for women to actually contract diseases through sex.

> *Syphilis can be transmitted to women by their husbands, but women rarely catch it.*

One group of women decided that STDs were in fact women's diseases as well as men's diseases after they had identified commercial sex workers as the source of infection for men. The group of young women who reason that women do not contract STDs (but pass the infection to their male sexual partners) arrive at this conclusion because they have never heard of women getting an STD. A few female participants are not convinced that women can be infected with HIV/AIDS:

> *Some people say that women never have HIV, only men have [it].*

The participants were asked to identify men's sexual health problems and women's sexual health problems separately. Table 9 shows the number of groups of participants who identified each STD as a disease that affects women and as a disease which affects men. HIV/AIDS and STDs were identified more frequently as diseases that affect men than as diseases that affect women. More STDs were identified as affecting men.

[37] Many different terms were used for commercial sex workers by the participants. An exploration of the connotations of terms is beyond the scope of this document. Only female commercial sex workers were discussed by the participants.

Table 9: MEN, WOMEN AND STDS: Number of groups who included STDs in lists of male sexual health problems and in lists of female sexual health problems

Disease	Men's Diseases			Women's diseases		
	women	men	total	women	men	total
AIDS	9	1	10	6	1	7
gonorrhoea	5	3	8	1	2	3
rice-water gonorrhoea	-	1	1	-	-	-
genital warts	1	1	2	-	-	-
hidden syphilis	1	3	4	-	1	1
sexual disease	1	-	1	1	-	1
syphilis	5	3	8	6	2	8
syphilis gonorrhoea	2	-	1	1	-	1
lymphogranuloma venereum	-	1	1	-	-	-
Total number of groups	9	3	12	9	3	12

7.3.5 SOCIAL CONSEQUENCES OF HIV/AIDS

The participants report that people with HIV/AIDS may suffer ostracism within their community - and therefore may be reluctant to inform people of their illness. The reason for their shame is not explicitly stated - it may be inferred that the strong connection between commercial sex and HIV/AIDS is a factor.

> *In rural areas, AIDS patients are denounced. So they do not dare tell anybody and their disease becomes more serious ... [They] feel ashamed.*
>
> *They don't allow anyone to say that they have AIDS.*

It is not stated whether the participants believe that people in urban areas would react differently to people with HIV/AIDS.

Uncertainty about the risk a person with HIV/AIDS poses to people living in close proximity may also affect reactions to people with HIV/AIDS:

> *Usually, knowing that he/she has AIDS, [we] do not dare stay close to him/her.*
>
> *[If a person has HIV/AIDS, he/she] lives separately and alone ... [it is] possible to live together - but, [we] are afraid of [he/she] cutting something and bleeding. Then, when someone touched it* they can catch [HIV/AIDS].
>
> *In my village, a woman, about 40 years old ... got AIDS. Her sister does not allow her to stay home ... Some villagers do not allow her to enter their home.*

Several comments from the participants suggest that they feel that people living with HIV/AIDS should not be shunned. One group of young women explain how they feel they should respond to a suitor with HIV/AIDS:

> *If a man who carries AIDS loves us then we don't love him back.*
>
> *To me, we cannot take each other [have sex], and we should treat each other as a friend; never hate him.*

Young men and women state that people with HIV/AIDS should receive active support from those around them:

> *AIDS patients shouldn't be discriminated against, but visited and not made hopeless/suicidal. Some doctors encourage them.*

We satisfy the patient more. Give them 50 kilograms of rice a month...and provide full food and encourage them because they are very upset.

[AIDS patients] should have good care and good food – perhaps go to the pagoda and stay at ease and be happy.

One participant describes the suicide of a young man:

Nearby my house, a [man] ... had a penile discharge and urinated abnormally. His friend told him that he had AIDS and he shot himself dead.

7.4 SOURCES OF INFORMATION

Much of the participants' knowledge and information about health problems, including HIV/AIDS and STDs, comes from discussion with friends, relatives and other people around them. Observation of other people is also an important source of information for the young people. It is not always clear whether young people have discussed a particular health problem or have deduced the diagnosis and treatment from observation; for example, as in the following anecdote:

A person who was a cyclo-driver in Phnom Penh had syphilis. His groin was swollen, his penis had blisters and it was difficult to urinate. He bought traditional medicine. His wife is so angry with him and swears loudly.

One young woman stated that she knew that a male neighbour had syphilis because she saw him drinking a traditional drug made of ingredients including black sugarcane that she saw had been boiled in a clay-pot. Several young women said they knew about syphilis because their fathers, uncles, and brothers had had it, but it is not stated that they actually discussed the illness with the patient or another person. One young woman said that her mother told her that her grandmother had hidden syphilis.[38]

The media - particularly television and radio - are cited as important sources of information by many participants:

[Information about] women's diseases are always broadcast on the radio. There is only this.

Newspapers and magazines are read by some participants. The media are referred to as a provider of education and information on health issues, such as HIV/AIDS. The Ministry of Education is identified as one provider of broadcast health information. Advertising is also a source of information. For example, many of the participants were familiar with the existence of a drug to cure impotence from advertisements they had seen or heard in the media. It is not clear to what extent information on health problems is gleaned from advertising campaigns.

One male participant says that an 'AIDS organisation' came to teach in his village. He remembers that they said the symptoms of HIV/AIDS are feeling hot and cold and having eruptions on the skin for a long period of time. A doctor's advice is also cited by some participants as a source of information. The participants state that their knowledge of the reproductive system comes from school, usually from books. Some express a desire for a better understanding. One young woman says:

When I was at school I wanted to ask but I was shy ... it is hard to know. If they have husbands they know well.

[38] This is a very unusual example, because it refers to a woman who is believed to have an STD. The grandmother had a rash on her body and face. The young woman said that she did not know how her grandmother had contracted the disease.

8. HEALTH-SEEKING BEHAVIOUR

8.1 ADVICE AND SUPPORT

Young women often describe discussing their health problems with female relatives, usually their mothers. Their mothers - and other older people - will offer advice. Some mothers and aunts are reported to purchase medicine for the young women, or to assist young women in accessing treatment:

> *When I have pain I tell my mother, and she tells me to go to hospital, so I go to hospital.*
>
> *Tell [my] mother so she can take me to hospital.*

In some instances, mothers may administer treatment, such as injections for irregular menstruation.

One young woman said that she would tell her mother about a problem such as vaginal discharge, as her mother could then 'explain the problem to doctor'. Many other young women mention talking to female relatives about this particular problem.

However, it is not always easy for young women to approach their mothers. One group of young women, all of whom say that they suffer from vaginal discharge, variously say that they have talked to a doctor, that they have talked to their mother or that they have never told anyone. One participant says that she did not want to worry her mother. Another relates that her mother questioned why she had a vaginal discharge when she had never had sex. Some young women simply say that if they had a problem such as vaginal discharge they:

> *... Do not tell anyone, just keep it secretly.*

It is not clear how much of an influence the distance of most young factory workers from their parents is on their health-seeking behaviour. The reasons for this are not clear. Some young women state that they prefer to talk to friends about sexual health problems rather than family. However, one young women says:

> *I get frightened, but I do not know what to do and I do not know whom to ask. I cannot ask my mother because she is far away.*

There is no consensus among young men about whom they would discuss health problems with. Some say they would not dare discuss sexual health problems with parents, others that they would tell their mother rather than their friends. Some young men say that they would tell their mother rather than their father. Young men do not routinely refer to seeking and receiving advice from their parents in the same way that young women speak of conversations with their mothers, sisters and aunts. Some young women believe that young men are more likely to talk to friends about sexual health problems than to their fathers or other family members. Another group of young women suggest that a young man might tell his friends who would then tell his mother.

8.2 MEDICAL TRADITIONS

The participants identify a range of treatment options for health problems, from both Western and Cambodian medical traditions:[39] treatment at home - for example, taking a warm bath to cure a cold or coining[40]; purchasing medicine at a pharmacy; calling a doctor to the house; private hospital or clinic; public hospital; traditional healer and monks. Some young women mention both medical midwives and traditional birth-attendants for pregnancy and childbirth-related needs.

[39] See footnote 32 for an explanation of terms
[40] See footnote 8.

Young men state that 'belief' in a medical tradition is important: and many young men express a high level of belief in traditional medicine (only a few young men considered that monks would provide effective treatment):

> *Traditional healers and monks are effective if you believe in them.*

The concept of 'belief' is not raised by many of the young women, although one notes:

> *We do not believe [in traditional healers], but we have no [other] way.*

It seems that most participants, in practice, would consider accessing both Western and traditional medicine.

8.2.1 DIAGNOSIS, EQUIPMENT AND SEVERE ILLNESS

Doctors are often described as good at diagnosing diseases and able to cure a wider range of illnesses than traditional healers. They are also considered better able to cure diseases that are perceived as serious or life-threatening:

> *... Traditional healers cure only non-serious diseases.*
>
> *The traditional healer could not cure [me] because my disease was serious.*
>
> *We go to meet the traditional healer when the disease is not serious.*
>
> *When [a person gets] a serious illness, [he/she] goes to the doctor. If [the doctor] does not cure it, the traditional healer cannot either.*
>
> *[People go to traditional healers] only for syphilis. For general diseases that happen to almost everyone ... [they] go to the hospital.*

Some young people are apparently willing to place a considerable degree of trust in doctors. One young woman reports that she had a liver problem diagnosed by a doctor which was then cured by a 'great many' injections. Another young woman was diagnosed with gravel in her fallopian tubes at a hospital - the symptoms are shooting pains – and knew that the condition had been cured when she was examined again.

Participants state three reasons why doctors are better able to cure serious diseases: a good supply of materials and equipment; experience in curing illnesses and a 'scientific' basis for their cures.

> *The doctor has enough materials for treatment and experience.*
>
> *Doctors have modern science that can cure.*
>
> *Hospitals have modern scientific equipment such as ultrasound machines.*
>
> *The doctor can be trusted because he has ... graduated from school.*
>
> *The doctor knows the diagnosis, can treat [and] has enough materials to treat the disease.*
>
> *A hernia could not take medicine. Scientific doctors have a way to operate.*

Some young men report that not all private hospitals have sufficient equipment. They report that public hospitals just give them a prescription and that the staff are not always polite. Other young men and women consider that private hospitals offer a better service than public hospitals:

> *[People mostly go to] the private hospital [because] it takes a little time, [and is] good and helpful.*

[Private hospitals] treat carefully... and the doctor can be called to the house at night-time.

In general, however, the participants do not express opinions about where the best-equipped or most skilled doctors may be found. Doctors are not necessarily considered to have a monopoly on sufficient medical supplies. Some young men say:

Traditional healers have medium [sufficiency of] materials. They have tablets, ointments, warming medicines, ... [and are] helpful.

Other male participants in the group disagreed with this assessment. Aspects of service-quality, such as helpfulness, attitudes and confidentiality are discussed in Section 8.3.3.

Combinations of medicines are perceived to be particularly effective and are mentioned in the context of both Western and traditional medicine. For example, one young woman recommends consulting a doctor for treatment for vaginal discharge, because he or she gives:

... A mixture of medicine and injections ... [it is] effective, but it takes a long time.

Of traditional medicine, young women say:

Traditional healers could combine the medicine and then take it to boil for drinking. So it could be better than Western medicine.

One explanation of why traditional medicine is particularly appropriate for syphilis is that:

They are good at drug combinations: taking traditional drugs is cheap.

It is not explained why taking a combination of medicines is considered more effective than taking a single medicine.

8.2.2 MATCHING THE ILLNESS

While Western medicine is considered appropriate for diagnosing and treating many illnesses, many participants specify a limited range of illnesses for which traditional healers are recommended. Syphilis and broken bones are commonly listed - a few participants state that traditional healers can only treat STDs. There is no consensus on which illnesses may be effectively treated with traditional medicine: illnesses suggested by some participants include: vaginal discharge; gonorrhoea; irregular menstruation; stomach-ache; numb limbs; gravel in fallopian tubes; haemorrhoids and post-partum illness. It is not clear who makes the initial diagnosis when traditional medicine is opted for.

There are few explanations as to why one tradition is perceived to be more effective than the other for particular illnesses. One participant states that:

Syphilis matches the traditional medicine.

The treatment is fast, effective and according to tradition.

Another explains that traditional healers can connect bones, whereas hospitals can only support bones. Young men also mention that traditional medical treatment may be less invasive than Western medical treatment:

Doctors may cut our arms and legs.

Traditional healers are also recommended for diseases which have a spiritual or magical component and when prayer is helpful or necessary. One group of young men considers that monks may be able to provide very effective treatment, by blessing the participants with water.

There is also a lack of consensus as to whether illnesses that can be treated with traditional medicine can also be treated with Western medicine.

> *Numb and swollen arms and legs can be treated by traditional healers.*
>
> *Doctors can treat this as well, and more effectively.*

> *Traditional healers can't cure general medical [problems].*
>
> *And diseases [that] traditional healers can cure, hospitals cannot cure.*
>
> *I think that some diseases [that] traditional healers can cure, hospitals can also cure.*
>
> *Some traditional healers can treat diseases that doctors cannot treat.*

In general, while there may be categories of disease for which certain service-providers are considered more effective, the young people express a pragmatic flexibility in their attitudes to seeking treatment. For example, they might visit Western medicine and traditional health-providers in turn, until an effective cure is found:

> *The doctor cannot cure [the illness] so we go to a traditional healer.*
>
> *Go to the traditional healer first. If that's not effective then go to the hospital.*

For example, one young woman relates how her mother had a haemorrhage after a miscarriage brought about by working too hard. She went to the hospital to have 'the baby taken out', but the bleeding still did not stop. She then drank traditional medicine and recovered. HIV/AIDS seems to offer an example where participants combine confidence in a Western medical procedure for diagnosis - blood-tests, with the belief that traditional medicine may provide a cure.

8.3 FACTORS AFFECTING HEALTH-SEEKING BEHAVIOUR

8.3.1 SMALL ILLNESSES

The participants will self-medicate for complaints that they consider to be minor, such as: headaches; fever; colds; coughs; toothache; dizziness; stomach-aches and diarrhoea. Home-remedies may be used - such as placing heated bricks on the abdomen, or medicine may be purchased from pharmacies. Purchasing medicine from a pharmacy is cheaper than consulting a doctor - participants sometimes purchase serum and take it to a doctor for administration. The medical knowledge of drug sellers is not stated to be a factor in participants' decisions to medicate. Some participants state that they purchase medicine from a druggist who has studied medicine. Others rate the medical knowledge of drug sellers as relatively low.

Some participants state that they would prefer to call a doctor to their house rather than visit a clinic, if the disease is not considered to be serious.

> *Call the private doctor to the house, because the hospital is too far. Also the disease is small.*

Proximity of health-service providers is stated by many participants to be a factor in their decisions about seeking treatment for non-serious problems. The reasons for this are not explained.

8.3.2 COST

Cost of treatment is very important to the participants. Traditional medicine is usually described as a cheap option for treatment and this is an important factor in young people's choices to visit traditional healers. For example, young women state that they go to the traditional healer because:

... We have a shortage of money

Traditional medicine is cheap.

Young people also state that they are likely to be concerned when seeking treatment from a doctor as they do not know in advance how much they will be charged.

Cost is likely to be one reason why traditional medicine is so commonly recommended for syphilis. One pot of medicine is reported to cost between R200 and R1500 and the disease can usually be cured with one to three pots.[41]

Purchasing medicine at a pharmacy is also considered to be a relatively cheap option by some young women:

Medicine and serum are not so expensive – if we need serum, we buy it at the market and bring to the doctor for treatment.

Some participants state that they can buy on credit from pharmacies. One group of young men say that private clinics may also give treatment on credit.

Fees for treatment from doctors may be high, relative to the young people's wages. For example, one young woman mentions that an injection for irregular menstruation - which is believed to be effective for a problem that worries many of the female participants - costs US$20. The cost is stated to be a drawback to opting for Western medicine, and a reason for choosing traditional medicine:

[A] doctor's treatment is fast and effective but costs a lot of money.

The traditional healer treats [syphilis], he knows every medicine and [the patient] spends less money than at hospital.

[If] an arm or leg is broken, [we] go to a traditional healer. The hospital is too expensive...

Young men state that, although they prefer private hospitals, public hospitals are cheaper, and so if they are sick for a long time and short of money they would go to a public hospital.

8.3.3 CONCERNS ABOUT SEEKING TREATMENT

Some participants referred to the attitudes of health-workers when discussing their preferred options for treatment. For example, one young woman states:

Hospitals do not take you seriously ... but they have specialised doctors.

Another comments that a private clinic will offer a confidential service, 'because we pay them'. Some health-service providers may be perceived to be unwilling to treat certain illnesses:

Syphilis patients may not be welcomed by the hospital/doctor.

Only a few participants state that the attitudes of medical staff and the confidentiality of the service influence their own health-seeking behaviour. One group of young women all say that they would be too shy to seek treatment for a sexual health problem.

However, in anonymous statements about the imagined fears and concerns of their peers when seeking treatment for sexual health problems, confidentiality and the attitudes of medical staff were identified by many participants as an important factors in health-seeking behaviour. Young men and women are

[41] Costs may mount up: one participant explains that if patient has had it for a long time - three to four years, the disease hides in the body and it takes 10 pots of medicine to cure it. If the person is 'very infected' he/she may need 20 to 30 pots.

expected to be afraid that their families, friends, neighbours and colleagues will find out that they have a sexual health problem, particularly HIV/AIDS or an STD. Young men say that they would expect a young women who believed she was suffering from an STD to:

> *... Tell her friend, not her mother. She will secretly buy medicine at the pharmacy, whether she gets better or not.*

Young women explain:

> *We are worried that when being examined...and are afraid that the medical staff's manner is bad and that he/she does not keep it secret when we have diseases such as syphilis and vaginal discharge.*

> *I [would be] worried about being insulted by the doctor when I have an examination. I am afraid of the bad manner [of the doctor].*

9. SUMMARY CONCLUSION

Physical maturity is identified by the physical changes at puberty. In women, the onset of menstruation is a particularly significant event. Men are perceived to begin to experience sexual desire when they reach puberty, and women are perceived to become more sexually desirable. Women are not considered physically mature enough for childbearing when they reach puberty – many participants recommend delaying the birth of a first child until the age of 20 or 22. Some women consider 24 years to be the upper limit for safe delivery of a first child. It is not stated whether it is preferable to avoid childbirth at too early an age by delaying sexual activity or by avoiding pregnancy.

Conception is usually understood to occur when male and female sperm mix together in the womb. A woman's fertile period is widely believed to be during, or shortly before or after menstruation. Some participants state that pregnancy can be avoided by abstaining from sex during the fertile period. There seems to be some inconsistency between this understanding of fertility and the considerable knowledge of the young people about different contraceptive methods.

Most participants can name and describe several contraceptive methods. Contraceptives are often perceived to have the potential to affect the user's health, particularly if the particular method does not suit the individual. More young women than young men rate condoms very highly for preference of use, sometimes explicitly because they are known to prevent infection as well as pregnancy. Some participants state that condoms only prevent infection and are not a contraceptive.

The young people are extremely concerned about their health. They perceive that many elements of their daily lives are harmful to their health and report that they are frequently ill. Poverty causes them to eat inadequate or stale food. They work extremely long hours with little or no time for rest and relaxation. Work conditions such as filthy toilets, restrictions on the number of times they can visit the toilet, sitting for long hours and inadequate breaks are all considered to weaken health and cause illness. Many of the young women are extremely concerned about menstrual cycles and vaginal discharges which are believed to be abnormal.

The participants have a considerable amount of knowledge about HIV/AIDS. However, this knowledge articulates with other misinformation, particularly about cures. There was little understanding of the progression of HIV/AIDS, which leads to misunderstandings about the reliability of blood-tests for HIV/AIDS. The participants were able to provide a substantial detail, not all accurate, about STDs. STDs are seen as more prevalent among men than women – some participants do not think that women can contract HIV/AIDS or STDs – although female commercial sex workers are considered to be the source of all infections.

Although sex is known to be a transmission route for HIV/AIDS and STDs, the participants have little understanding of how an infection is passed through sex. This is likely to make it very difficult for them to assess the relative risk of different sexual activities. This may be particularly important in a context in which the only form of sexual activity discussed is peno-vaginal sex. The participants know that condoms prevent the transmission of infections from sex. A lack of certainty about the non-sexual transmission of HIV/AIDS is one factor in the social ostracism experienced by AIDS patients.

Illnesses are rarely perceived to be self-limiting. The participants perceive that minor illnesses may progress to severe, sometimes life-threatening, conditions. Most recoveries from illness are attributed to treatment. Cost is a significant factor in health-seeking behaviour. Traditional medicine is considered to be very effective for certain diseases, for example, syphilis and broken bones and is cheap. It may be perceived as less invasive and more confidential than Western medicine. The young people appear to be willing to mix understandings of illnesses gained from traditional and Western approaches and procedures. For example, some participants consider that traditional cures for HIV/AIDS may exist, the efficacy of which can be demonstrated through blood-tests, a Western medical technique.

The participants have a number of sources of information on health and sexual health. They observe what is going on around them, and discuss illnesses and treatments with older people, including parents, neighbours, friends and colleagues. Older people seem to be given a significant amount of credence as a

source. They hear health education campaigns in the media, as well as advertising campaigns for specific treatments and cures. Some received information about anatomy at school. During discussions, participants who had previously stated that HIV/AIDS is an incurable and terminal illness accepted that cures mentioned by other participants might be effective. This provides a clear example of the extent to which the young people must attempt to untangle knowledge from a wealth of conflicting information.

SEX AND RELATIONSHIPS

10. SEX AND SOCIAL CONTEXTS

10.1 MATURITY AND GENDER

10.1.1 BEAUTY AND LOVE

Female and male participants relate the physical maturity of young women to their sexual desirability to other people. As stated in Section 4.1, a woman's skin and face are perceived to become more beautiful when she reaches physical maturity. Breasts enable her to 'wear clothes prettily'. Young women are also expected to begin to take an interest in beautifying their appearance, by paying attention to their clothes and hair-style and beginning to wear jewellery and make-up. Some young women are advised to beautify their appearance by older female relatives. Female participants say that young women want to be praised for their appearance.

After puberty, young women are perceived to want to be loved and to 'be able' to love a sweetheart:

> *She begins to want to be loved.*

One young man explains:

> *[A young woman] needs money, things and love.*

Some young women state that young men become more beautiful when they reach puberty: one group of male participants mention that young men want to be handsome. However, young men are generally portrayed as wanting *to* love and to have sex when they mature physically, rather than to *be* loved:

> *[They] want to be happy ... want to have a sweetheart.*
>
> *[He] wants pleasure and he wants a wife.*
>
> *He wants to love women.*
>
> *He wants to have sex.*

A young man explains:

> *When I was fully developed ... I needed money to buy clothes, motorcycle and started to love. I want to save money to have sex [with commercial sex workers].*

In contrast to the emphasis on a young woman's changing appearance, many female participants perceive that it is a young man's character and gestures that undergo significant changes as he becomes physically mature. Some young women state that even the words used by young men change as their bodies develop. The participants did not discuss the nature of these changes.

10.1.2 'ABLE TO THINK'

The participants identify a transitional period for young men and women from childhood to full maturity. Indicators of maturity are the ability to take care of oneself and of a family. This includes the ability to earn money and the maturity to 'think of a spouse and children'. Unmarried young adults are expected to be able to contribute to their parents' livelihood, to be capable of taking over some of their parents' work and to offer guidance to their younger siblings. The skills needed to meet these responsibilities are usually described as being 'able to think', or 'able to think a lot':

> *[A 15 year-old] boy is young. He doesn't know how to think.*

Young men explain that as they get older, they want to be rich and to obtain possessions: when they are young they cannot think, when they are mature they try to work hard.

Young women perceive women to mature earlier than men - at 15 years:

> *... Boys exaggerate ... girls ... will want to speak honestly.*

At 15 years, young women are expected to work, whereas young men will 'still be going out - playing games, playing snooker'. Eighteen year-old women are polite, know right from wrong, listen and obey the advice of their elders, decorate their body and need love. In contrast, an 18 year-old man 'answers back to parents, unlike women this age' and 'knows less about right and wrong than girls this age'. He is:

> *...In the age of happy times.*
>
> *Older people say that girls can think better than boys when they are 18 ...*

Young women contrast 23 year-old men and women:

> *[This is a] ripe time [for women] to get married. Their thoughts are mature, they can guide younger siblings and they respect their parents ... [for men, this is a] ripe time to go out, especially to brothels.*

However, while there is a general perception among young women that women are likely to be able to take on family responsibilities at a younger age than men, there is little consensus about what these ages this will be – most participants think that by the age of 22 a woman will be 'clever enough' to raise children and support a family. Many participants comment that it depends on the individual person:

> *Twenty-three year-old men who get married will not be concerned about their children, but just thinking about going out ... but some men at this age do look for a job to help their parents.*

Young men do not draw comparisons between the relative maturity of young men and women. Representations of young people of different ages drawn by young men shows young men and women maturing and taking on new responsibilities at the same rate (see Figure 6). The gender division of labour in these pictures is stronger than that described by young women, many of whom stated that young women would perform work outside the house, such as carrying water and planting rice, from around 15 to 18 years.

Young people from the countryside may be perceived to mature earlier and have more responsibilities than urban children by some participants:

> *Country children can think, city children cannot think.*
>
> *No, [one] cannot say rural or urban children: there's one person living near my house at Phnom Penh who drives a motorcycle-trailer, carrying wood to sell in order to earn money to support his parents.*
>
> *In rural areas, [a 15 year-old boy] can look after the cattle ... in the town, he can do nothing, [he] goes out with his friends.*

This may reflect a general perception among young women that rural young people are generally better behaved than young people from urban areas:

> *[15 year-old] country boys usually help parents ... but city boys can be thieves, have sweethearts, go to night-clubs.*

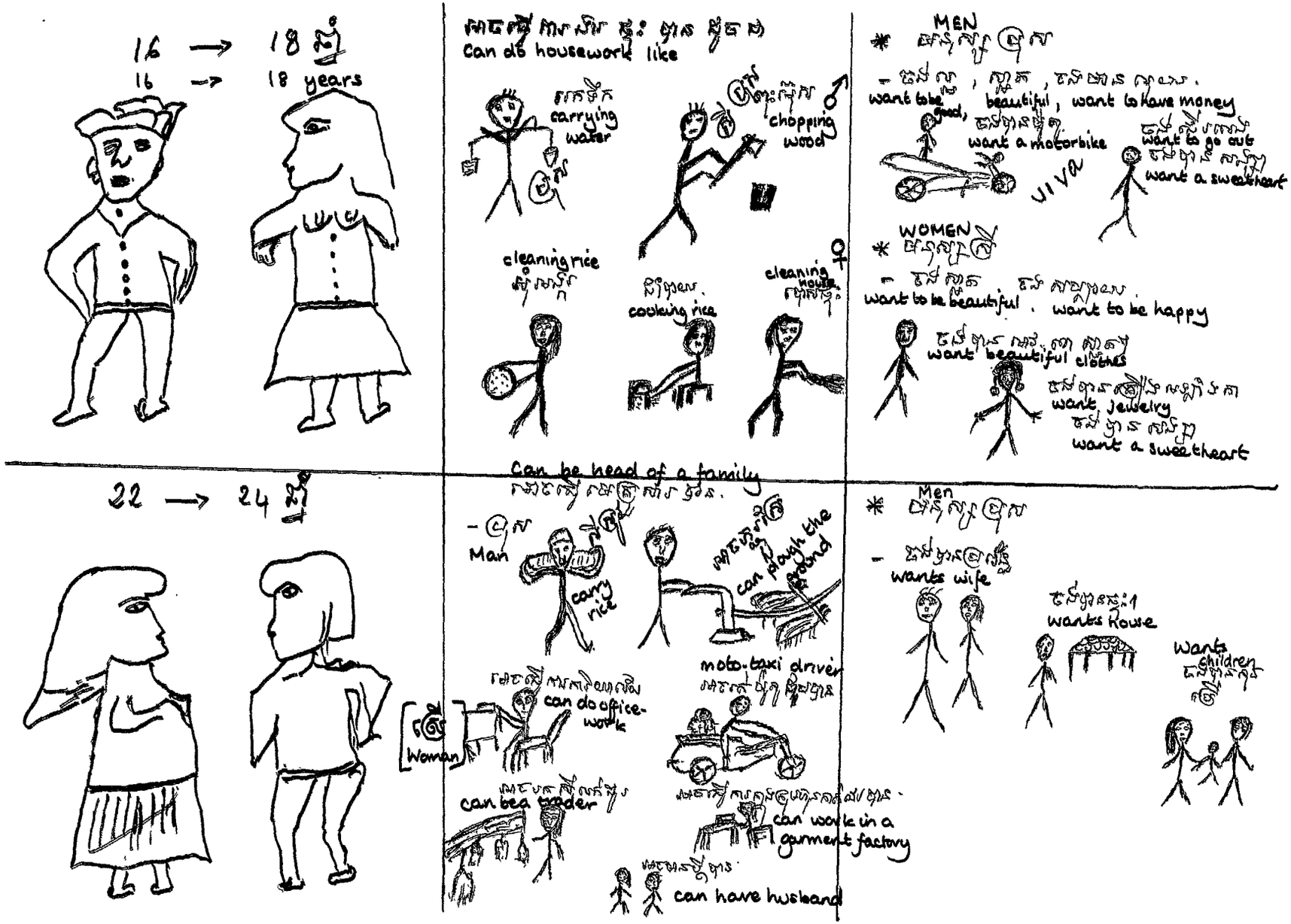

Figure 6: Maturity and Gender: Drawing by young men, Factory X, 28 March 1999

10.2 SEX AND SOCIETY

10.2.1 GOOD WOMEN

The participants expect to marry in the future. Women who do not have sex until they are married are frequently described as 'good' women. The female participants do not openly discuss the possibility of having sex with a man to whom they are not married and they rarely speak of having sweethearts. Single women who have sex are expected, by both male and female participants, to try and keep their sexual activity as secret as possible. One female participant says of herself and other young women:

> *I believe that none would dare to answer that they have a sweetheart.*

Some young women express strong disapproval of unmarried couples, including engaged couples, who have sex before marriage. Many participants state that the parents of an unmarried couple would disapprove of the couple having sex:

> *... They saw each other for a long time and step by step they fall in love and cannot control their mind and after that they have sex, and they are nearly to be married ... they have sex because they love each other ... no parent wants this.*

Pregnancy is often identified as a catalyst for a single woman to inform her friends or her parents that she is, or has been, sexually active. Many participants consider that a single pregnant woman may be disowned by her parents – some state that she would be beaten. One young woman blames the mothers of the couple for not keeping a closer watch on their children. It is stated by some participants that the landlords of the factory workers' houses might inform the workers' parents if it was known that they were having sexual relationships.

The relative acceptability of sex outside marriage for men and for women is not made explicit by the participants. However, it is apparent that much of the disapproval of sexual activity outside marriage stems from the belief that a good woman does not – or should not – do this.[42] The male participants openly discuss the possibility of having sex with women to whom they are not married, in some cases relating actual sexual experiences.[43]

Some young men explain how they categorise women as friends, sweethearts and future wives. They state that they may have sex with a woman friend if the woman agrees. Sweethearts are women with whom they may have a sexual relationship, but whom they do not necessarily plan to marry. Many young men say that they would not have sex with a woman they planned to marry until after they are married to her.

> *If [we] love a woman as a future wife, we do not touch her. If a woman loves us it is no problem for touching.*

One young man has a sweetheart from the factory whom he plans to marry. He has been told by his parents to 'take care of her', and says that he does not have sex with her because:

> *... She is my future wife. If she is not a good woman, I don't think that in the future, she is my wife.*

However, some young men say that they might have sex with a woman whom they plan to marry:

> *Some sweethearts [we] can marry, some are only for pleasure.*

Male and female participants consider that a young woman's assessment of whether a man loves her – and intends to marry her – is a critical factor in her decision as to whether or not to have sex with him.

[42] The belief that a woman who has sex with a man other than her husband is a bad woman appears to be axiomatic. It was neither explained by the participants, nor probed by the researchers.
[43] In the context of an all-male discussion group.

Section 11.1.2 examines the difficulties young women face in determining which category of potential sexual partners a man has placed her in.

There is a strong perception among male and female participants, that a man is likely to lose interest in a woman once he has had sex with her – that he will end the relationship because he 'knows her body already'. A young woman explains:

> *Women are afraid of being abandoned after sexual contact. ... Women after having sex with a man love the man more and more, but men, they just want to abandon us [after sex] because they know our bodies.*

Young women also perceive that men will think:

> *If we are able to love her then others can do the same ...*

Young women sometimes define acceptable behaviour for men, apparently based on the belief that a woman should not have sex before marriage:

> *If [he is a fiancé], he is serious about us and should not do like this ...*

Young men do not appear to perceive any negative consequences to themselves of having sex with women to whom they are not married:[44]

> *If the female has a fickle heart, and finds somebody new, we try to have sex with her. Even though she leaves us, we are not worried. Let it be, don't think about the future.*

Some young men describe concealing their outings with their girlfriends from their parents. The reasons for this are not explained.

Once married, there are strong expectations that a woman will not have sex with a man other than her husband. Few participants report knowing of a married woman who has had extra-marital sex. However, both young women and men anticipate that the consequences would be extremely severe:

> *... The husband would beat her and chase her out of the house.*
>
> *If a wife has an affair the husband will be so angry he wants to kill both of them. He will beat the lover and let him complain to the judge ...*
>
> *[He] would kill her lover.*
>
> *If a husband finds his wife has a lover, he cannot bear it, he will fight, or can shoot his wife.*

One group of young women suggest that the husband would:

> *... Warn her once or twice and then divorce her.*

It is apparently considered quite common for men to have sex with a person other than their wife - one reason given for this, by young women, is that men need pleasure. A man may take a second wife: one group of young women states that his first wife may sometimes persuade him to divorce the second wife, but 'sometimes the man needs both'. Participants anticipate that extra-marital sex on the part of the husband could lead to quarrels, or possibly divorce. One group of young women suggests that a wife might vent her anger on the husband's other sexual partner:

> *Some [wives] go and fight the second wife at the market or spray acid in her face. Some look for a magician to make magic that makes the second wife become crazy.*

[44] Aside from the fear of infections. Risk assessment is discussed in Section 12.1

Although young men expect the wife to be angry if her husband has sex with other partners, they explain that it is different to a husband's anger if his wife seeks sex elsewhere because:

> *Man is always on woman, never under woman.*

10.2.2 A WOMAN'S REPUTATION

Women are stated to be extremely concerned about whether people consider them to be a good woman or not. They are expected to be afraid of being gossiped about. A woman's reputation may be of significance beyond a desire for the good opinion of others, as it is likely to be researched by the family of a prospective husband (see Section 11.2.3). It is not clear how far a bad reputation or gossip could spread geographically. Several participants mention that landlords or landladies might contact the parents of young factory workers if they believed their sexual behaviour to be unacceptable.

A woman's reputation is based on a number of criteria, some of which are outside her control, and some of which she may not understand clearly. It is believed by many participants that a young woman's body will undergo change if she becomes sexually active. For example, her breasts and hips are believed to become bigger. Many participants, therefore, state that it is possible to determine whether or not a woman is a virgin by observing the shape of her body. Behaviour and general demeanour are also cited by participants as indicators of whether or not a woman has ever had sex. No participants explain why physical and behavioural changes take place after a young woman becomes sexually active.

Young men explain the indicators of a woman's virginity:

> *The virgin condition is ... hips are not big, breasts are rather small ... If her breasts are hard, she is a virgin; [if they are] soft, she is not.*
>
> *Usually the virgin woman, she ... cannot be touched, she is shy.*
>
> *A virgin woman is shyer [than a non-virginal woman], [she] rarely speaks to people, [and has a] lowly walking style.*
>
> *If women are not virgins, they walk faster and do not use modest speech.*

Many of the young men who discussed these signs of virginity were not confident that they were foolproof. For example, clothes can obscure a woman's shape or the way she walks:

> *Sometimes it is difficult to watch a virginal girl walking because she is wearing a skirt.*

However, one young man was confident that he can tell which of his female colleagues are virgins:

> *Working together, [we] can understand who are single and virginal women, the good women and the bad women.*

This young man was confident that he would be able to determine whether a woman he planned to marry was a virgin or not. Other participants in his group say they would only be able to tell for sure if their newly-wed wife was a virgin after they had had sex with her.

The young women who discussed virginity identified the same physical and behavioural characteristics as those described by the young men. One group of female participants offered the additional detail that a woman's hips and breasts may become bigger after a month of marriage.[45] However, young women were generally less confident than the young men in their own ability to interpret the indicators of virginity. One group of young women reports that they have heard that a woman's marital status can be determined by her large breasts and 'fallen bottom', but that they are not able to do so themselves. They also comment

[45] It may be assumed that in this context, marriage is equated with becoming sexually active.

that they have noticed that unmarried women may also have these physical characteristics. In general, young women were more likely than young men to consider that there may be exceptions to the 'rules':

> *A non-virgin single woman is friendly with boys and not shy. She walks faster [than a virgin]. It is difficult to tell from her hips [if she is a virgin], as some women have had two or three children but we cannot tell.*
>
> *A non-virgin woman has impolite speech ... but some virgins have impolite speech too.*

One group of young women concludes that as a woman's physical appearance may be deceptive, the important indicator of a woman's virginity is the bleeding that they expect to occur the first time a woman has sex. They do not know what causes this bleeding.

Few participants identify external signs of virginity in men. Some state that they do not know how a virgin man could be identified. One group of young women suggest that unmarried men have fuller faces: one participant relates how her uncle was beautiful before he got married, but after marrying and having children, his eyes got deep. One group of young men describe different behavioural characteristics in virginal and non-virginal men:

> *A virginal man doesn't go out, is speechless, whereas a non-virgin man walks a lot, speaks a lot and has many sweethearts.*

Men are sometimes described as having control over a woman's reputation. For example, a young woman says that an engaged couple would not have sex before they were married because 'the man gives a good reputation to the woman'. Some young women describe behaviour that they would expect to lead to gossip:

> *The daughter of the landlord ... sometimes she does not drive her motorcycle and goes with her boyfriend on his motorcycle. Everyone in the village knows her very well: where-ever she goes there are always boys accompanying her. But no one gossips about her, because she is rich. [Money] can hide anything.*

It is not clear whether the behaviour described above would lead to gossip because it is considered unacceptable in itself, or because it is inferred that a woman who behaves in such a way is likely to be sexually active. Some young women have a keen sense of injustice about assumptions that they report are made about their own behaviour:

> *We work overtime until 10 or 11 o'clock at night. They look down on us, saying that we are not good.*
>
> *They said the factory workers are not good.*
>
> *They said that we are bad; in fact we have no time to go anywhere.*
>
> *... We work overtime until midnight and are disdained and criticised by other people.*

A woman's reputation may also be affected by the unrelated behaviour of others - one young woman states:

> *... [A woman] spent a couple of nights with her lover and she disgraced all the women in the factory.*
>
> *There are bad people in town, and just one at the factory disgraces all the women.*

10.2.3 COMMERCIAL SEX

Commercial sex is often referred to in the context of going out to bars and karaoke bars. One group of young men explains:

> *Brothels and bars exist for happiness and pleasure.*

One young woman distinguishes between location and behaviour:

> *In bars, there are commercial sex workers; some people say that people entering bars are bad. In fact, they are just relaxing from work.*

Attitudes towards men having commercial sex are not entirely clear. The only context in which it is stated that men should not go to commercial sex workers is when they are concerned with avoiding infection. A few male participants refer to having visited commercial sex workers themselves, or the possibility of doing so:

> *The brothels are far from here. We can reach there if we want but we rarely go there because the bus takes us home. For those who want to go there, they can still go there.*

Several men state that they have neither the money nor the time to visit brothels. Some young women also identify money as affecting a young man's sexual behaviour, stating that:

> *... If he is a rich man he might have [his first sexual experience] with night-club women.*

Most male participants state that some of their male contemporaries or neighbours sometimes access commercial sex. For example, one young man says that his friend used to go to a brothel and he would go along to guard the friend's motorcycle. Other men mention that their landlady's husband knows various brothels, which they would go to if they wanted to have sex.

Some young men refer to the possibility of having commercial sex outside brothels – for example, they are familiar with a particular area where freshly squeezed orange juice is sold. They report that:

> *... If [one] eats five oranges [one] is able to touch the orange seller freely.*

Young men report that sex with a commercial sex worker for up to one hour costs R3500 to R5000.

Some young women estimate that:

> *Seventy to 100 per cent of men go to commercial sex workers, although they are married.*

Young women state that they see pictures and read about commercial sex workers in magazines.

Some young women express very negative attitudes towards commercial sex workers. Few opinions are expressed about why some women sell sex. One young woman states that woman who sell sex at a particular restaurant do so because they need:

> *... Pleasure, night-clubs, money.*

One young woman tells of an 18 year-old woman in her homeland who sells sex to soldiers and policemen. Unusually, she explicitly states that the woman sells sex because she does not have other options to earn money, and she says:

> *I don't hate her because she has no money ... I hate her job. I don't hate her.*

10.2.4 HOMOSEXUALITY

The possibility of sex between men or sex between women was mentioned by participants only in response to direct questions from the researchers. Some participants have heard about men loving each other on the television. Some young men say that they have heard of men having sex with men: 'one pretends to be male and the other female', and mention locations where men who have sex with men can be found. One young woman read a story about a man who loves his male interpreter and says:

> *Now, we have men who love men too.*

One young woman reported that a 13 year-old boy in her village had sex with an 11 year-old boy and that the boy stated that he 'learned' this from what his uncle had done to him.

One young woman reports that her married older sister loves another woman:

> *They play and touch everything together. Kiss. Just the two of them go to places. They have children already and still go to sleep with each another.*

She says that villagers say that women who love each other are crazy.

Young women from Factory Y say that one woman from their factory did not love her husband and ran away with another woman. Other women from the same factory say that women could not have sex with other women because of the (unstated) consequences. Young men again seem to attribute gender roles to a homosexual couple – they speak of two women:

> *One had short hair and was angry with her partner. She did not eat and they fought – the short-haired one broke a cool-box.*

10.2.5 VIOLENCE, FEAR AND VULNERABILITY

The participants perceive young women – and sometimes young girls - to be extremely vulnerable to violence, kidnapping and sale into the commercial sex industry and sexual coercion.

Many participants have heard about 'passion drugs' that are used to make a woman want to have sex. These are reported to be put in food or water:

> *Sometimes when eating food, a drug is put in [the food] for those they intend to have sex with.*

Some young men say that they have friends that have bought a drug which can be used to make a woman 'like to have sex so much'.[46] Participants from Factory X report that food vendors at a particular location will put drugs in food if a man asks for a 'special' meal for the woman he is with. Some other young women have heard of women aged 17 to 18 being drugged and then raped by male students who invited them to Kien Svay.

Some young women report that drugs bought from pharmacies are used by men to drug their sweethearts when they go to a disco. The effect of the drug is to:

> *... Make them want to dance and to perform a striptease.*

> *... They must dance because they are drugged.*

Some young men mention the possibility of taking a woman to a party where she will get drunk and then taking her to a hotel to have sex.[47] Young women comment:

> *Sometimes, we go out with a man who is drunk, and when he wants to rape, he can say [it is] because he was drunk.*

---

[46] It costs between R5000 and US$10.
[47] The participants do not state that they do this themselves.

Women are afraid of being tricked or captured into the commercial sex industry. Rural women are considered at significantly more risk of being 'caught and sold' than urban women.

> *They took us from the country in order to find a job in town and then, take us to sleep with the boss for one week and then to sell in Thailand.*
>
> *Mostly rural people are cheated and sold.*
>
> *Some factory workers were cheated.*
>
> *A woman from —— Factory was caught and put in a tourist vehicle. Nobody helped her.*

One group of women reports that a woman from their factory was 'caught' and put in a car - she is still missing from the sewing hall. Some young women are very wary of people who give them money 'too easily' - they have seen on television that such people will kidnap them.

Female participants describe how women might be coerced into having sex - they state that this information comes from films and magazines:

> *Even though we are [just] friends, when men have passion they need us to sleep with and we must sleep with them. If we don't agree we will have problems. And they never give money to us even if our mother gets sick at home. That's how we have sex with coercion but in fact there's no feeling.*
>
> *This we have never seen - we used to see in movies ...*
>
> *I read a story in a magazine. If [the woman] doesn't agree with the coercion of the man, her mother will be hurt.*

Many participants have heard of women being raped by men, often by male relatives:

> *Some factory workers were raped by their step-father.*
>
> *In [my] homeland, a father had sex with [his] step-daughter.*

Young women identify three possible courses of action for a woman in this situation: she might tell her mother, as her mother might be unaware of the abuse, tell the police so that her step-father would be imprisoned, or she might be embarrassed and keep the abuse secret. One young woman states:

> *Somebody living near my house was raped. She was afraid of her elders knowing and had an abortion.*

One group of young men reports that a man in their factory raped a woman in the toilet. He subsequently had 'many troubles and ran away' but is now working at the factory again. Other young men state that a woman from another factory was raped by her sweetheart when she was walking along the railway line. The man then took the woman's ring. One group of young women, all of whom have heard stories of rape, imagines that rape will involve:

> *... A man forcing a woman that he loves.*

Many of the participants have heard about other rapes, very often involving fathers raping their daughters. One group of women has heard about a man who raped his sister after watching a sex video. Several of the incidents involve the rape of girls aged seven to 14. One group of young men has heard of men being raped by European women, of 10 year-old boys being forced to perform oral sex on men and of men being caught and sold into brothels.

Magazines, newspapers, television and radio are often cited as sources of information and stories about women being deceived, the trafficking of women and women being coerced into sex or raped. Several young women state that they enjoy reading stories about women being deceived in magazines. In contrast, one young woman says that she 'dare not' read stories of rape, trafficking of women and coerced sex in magazines. Another says:

> *I see magazines - but am afraid of being seen while I am reading about love and health.*

Gangs of young men are stated to roam around robbing people and sometimes harassing women. The female participants appear to be extremely concerned about the possibilities of drugs, trafficking, violence and rape in the city:

> *In the rural area there is no job. In the city, I am more afraid than in the countryside, afraid of being tricked by a man and sold.*
>
> *I am afraid ... because I always ride my bicycle at night.*
>
> *[I] fear going out because I am afraid of being caught [and put into] a car.*

As a precaution, some young women say that they never go out alone. However, in practice, they may not be able to control the risks to which they perceive they are exposed, as some young women comment that they walk home from the factory on their own. The male participants also appear to consider that women are extremely vulnerable.

One young woman relates a personal experience with a group of men which has left her very frightened:

> *My motorcycle got a flat-tyre and they asked me to take a ride with them, but they could not catch me because there were two of us – I was travelling with my sister, and we were rescued in time. They nearly caught up with me but fortunately I could outrun them ... They beat my sister until she fell down and a motorcycle-taxi driver came to help. It happened at 10.30 p.m. ... When we ran to the police station they nearly caught me up. They had racing motorcycles – there were six of them on three bikes. Since my experience that day, when someone stops a motorcycle near to me it frightens me and I always run instantly.*

11. RELATIONSHIPS

11.1 SCRIPTS FOR COURTSHIP AND SEDUCTION

11.1.1 COURTSHIP

The participants narrated scripts describing how a relationship between a young woman and a young man might begin and evolve (see Figures 7, 8, 9 and 10[48]). Courtship is invariably initiated by the man when he sees a young woman to whom he is attracted – whose 'beauty is blooming like a flower'. The most favoured time for a man to spot a beautiful woman is during festivals, parties or ceremonies, especially Cambodian New Year celebrations (see Figure 7). Alternatively, the woman may be noticed when she is out with her friends, or as she goes about her everyday chores - carrying water or at the market. One group of young women suggests that the woman may be spotted by the man as she decorates her house (see Figure 8). This implies that women may perceive that there is no 'safe place' where they are not available for selection. Another place that participants are likely to meet people of the opposite sex is at work in the factory.[49]

Once he has spotted the woman, the man must find a way to approach her – because 'the woman is so shy'. A ruse mentioned by many young women was for the man to follow her to her home and ask for a glass of water (see Figure 8). Again, the apparent acceptability of a man approaching a woman in her own space suggests that it might be very difficult for a young woman who wants to re-write this script – or drop out of the play – to do so. Young men describe how a woman might facilitate the man's approach by dropping her scarf, which he can then pick up and return to her (see Figure 9). They also suggest that they might ask a girlfriend of the woman they are interested in to effect the introductions and arrange a meeting.

The man is expected to court the woman, usually by giving her flowers and sometimes other gifts (see Figure 7) – although no mention is made of flowers or gifts being given to women whom men meet in the factory. He may then be brave enough to write letters to her:

> *[He establishes contact] through letters and eye-contact and especially through buying her presents.*

Once the man and woman begin to meet face to face, most scripts involve some romantic talk, and possibly outings to eat dessert together, or to a karaoke bar or a restaurant. The couple may begin to go on excursions slightly further away:

> *... Excursions at beautiful landscapes to establish memories.*

Physical contact will initially consist of hand-holding and touching of shoulders, or the woman putting her arms around the man when she is riding on the back of his motorcycle. Eventually, they will go on an excursion where, after talking romantically, they will rent a room and have sex. Many participants suggested that the venue for this excursion is Kien Svay, where huts standing out over the water and rooms in guesthouses can be rented. The invitation to Kien Svay is issued by the man. Young women variously suggested that sex would take place after the couple had known each other for one to five months or after one to two years. The young men considered that sex would take place after two weeks.

[48] The participants drew their stories of courtship and seduction and then discussed the pictures with the researchers.
[49] This may be considered less desirable or romantic as one group of young women initially started to relate a story about a man and a woman meeting this way and then decided it was preferable to have the man notice the woman at New Year celebrations.

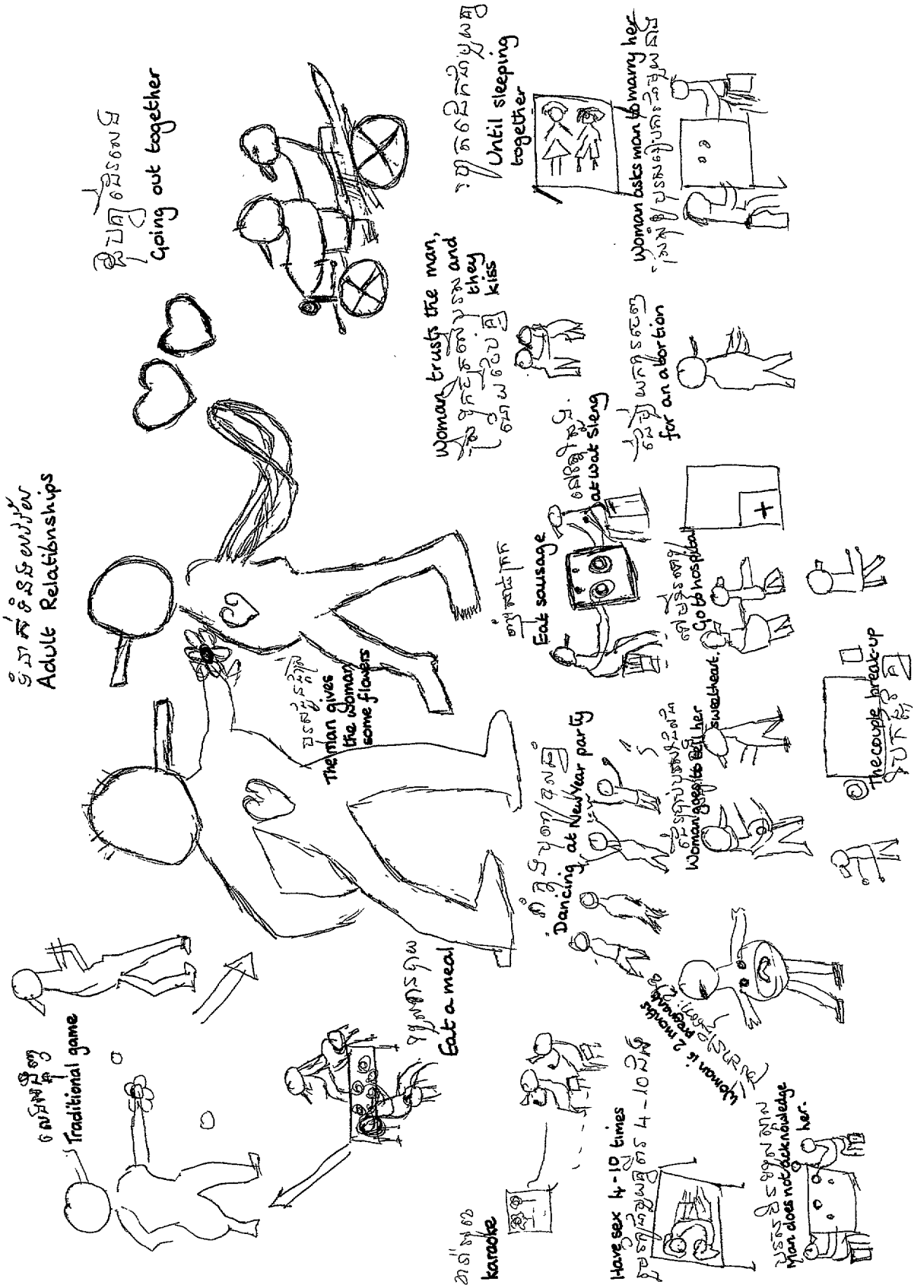

Figure 7: Courtship script drawn by young women, Factory Z, 1 May 1999

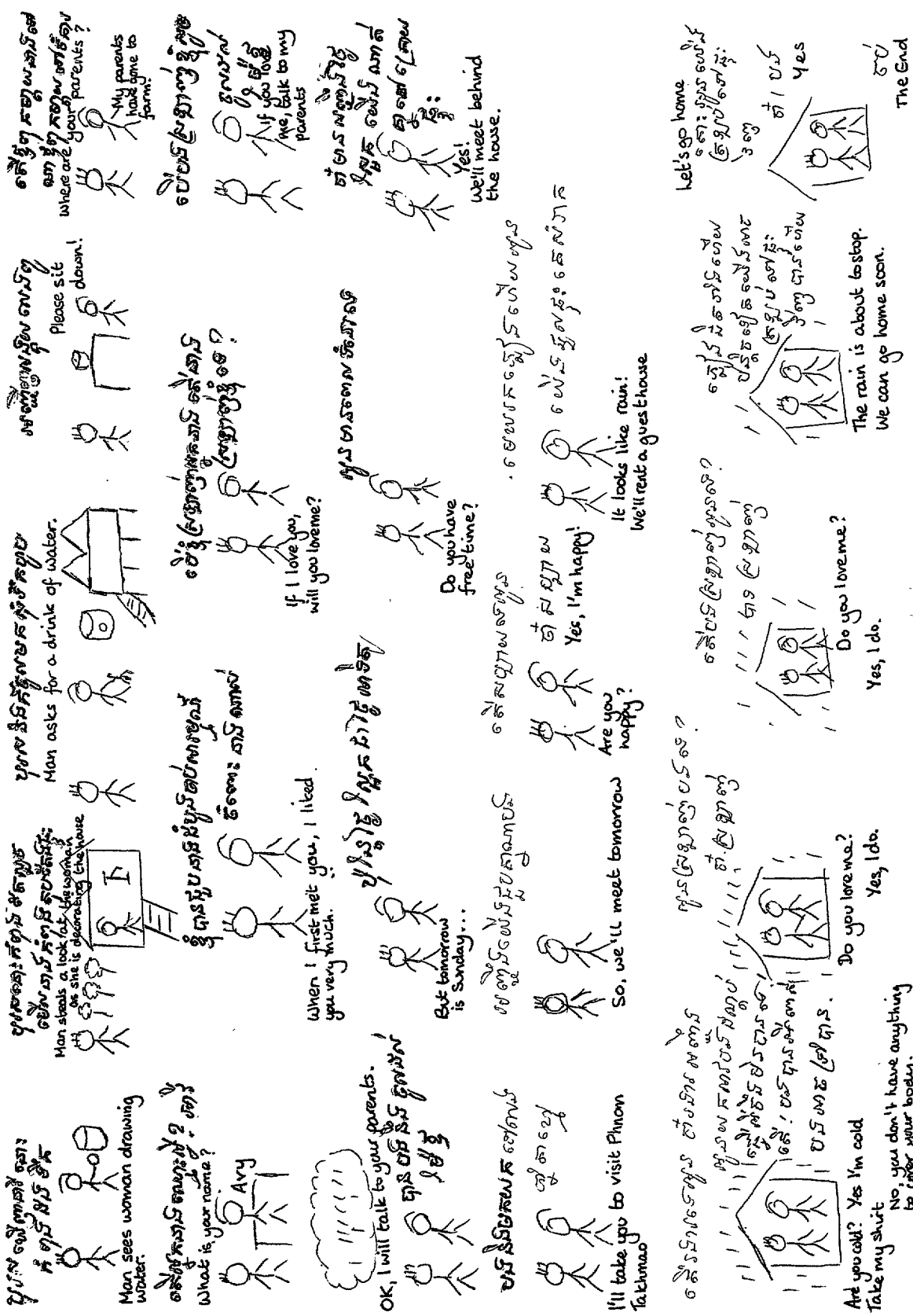

Figure 8: Courtship script drawn by young women, Factory Z, 1 May 1999

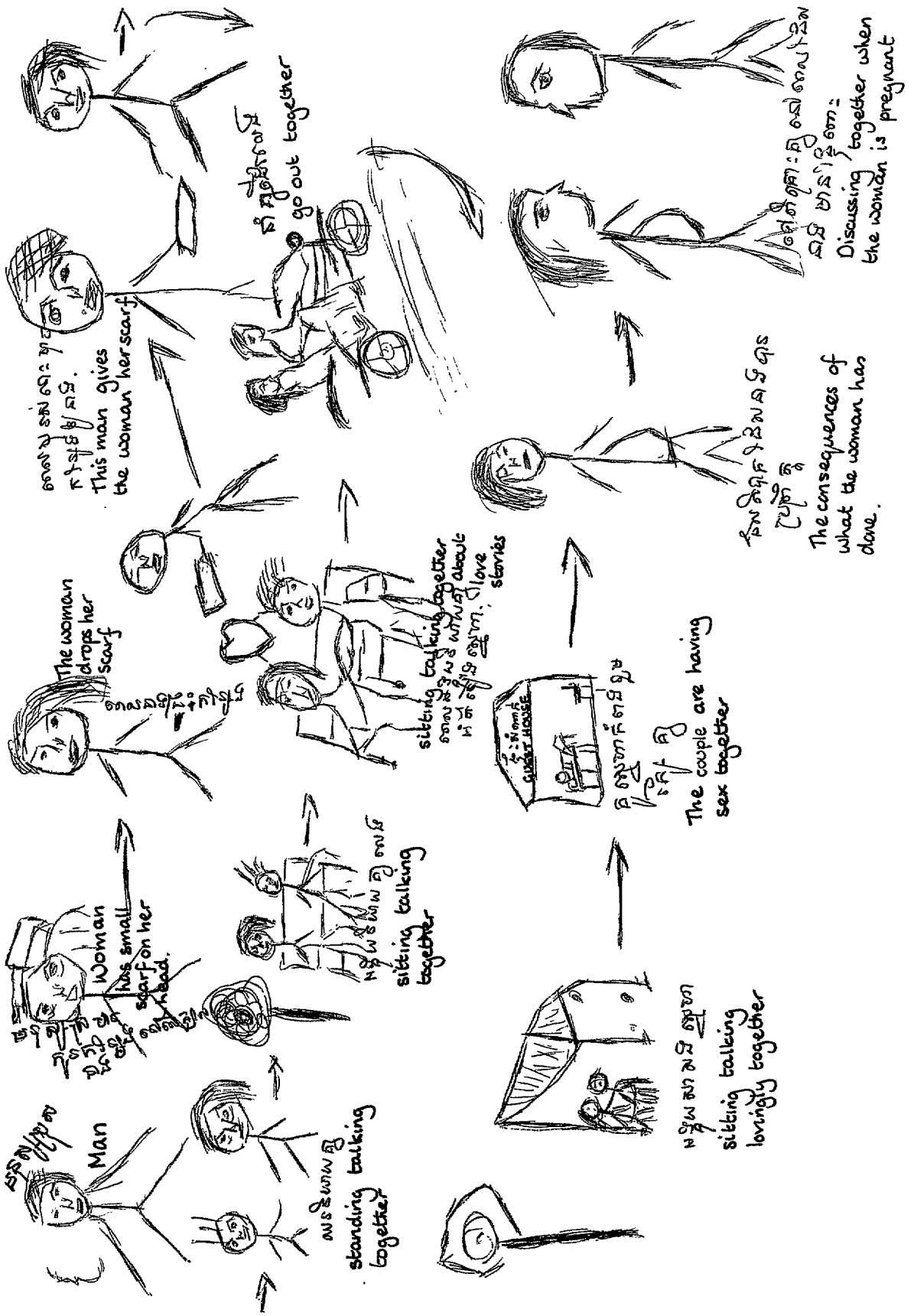

Figure 9: Courtship script drawn by young men, Factory X, 28 March 1999

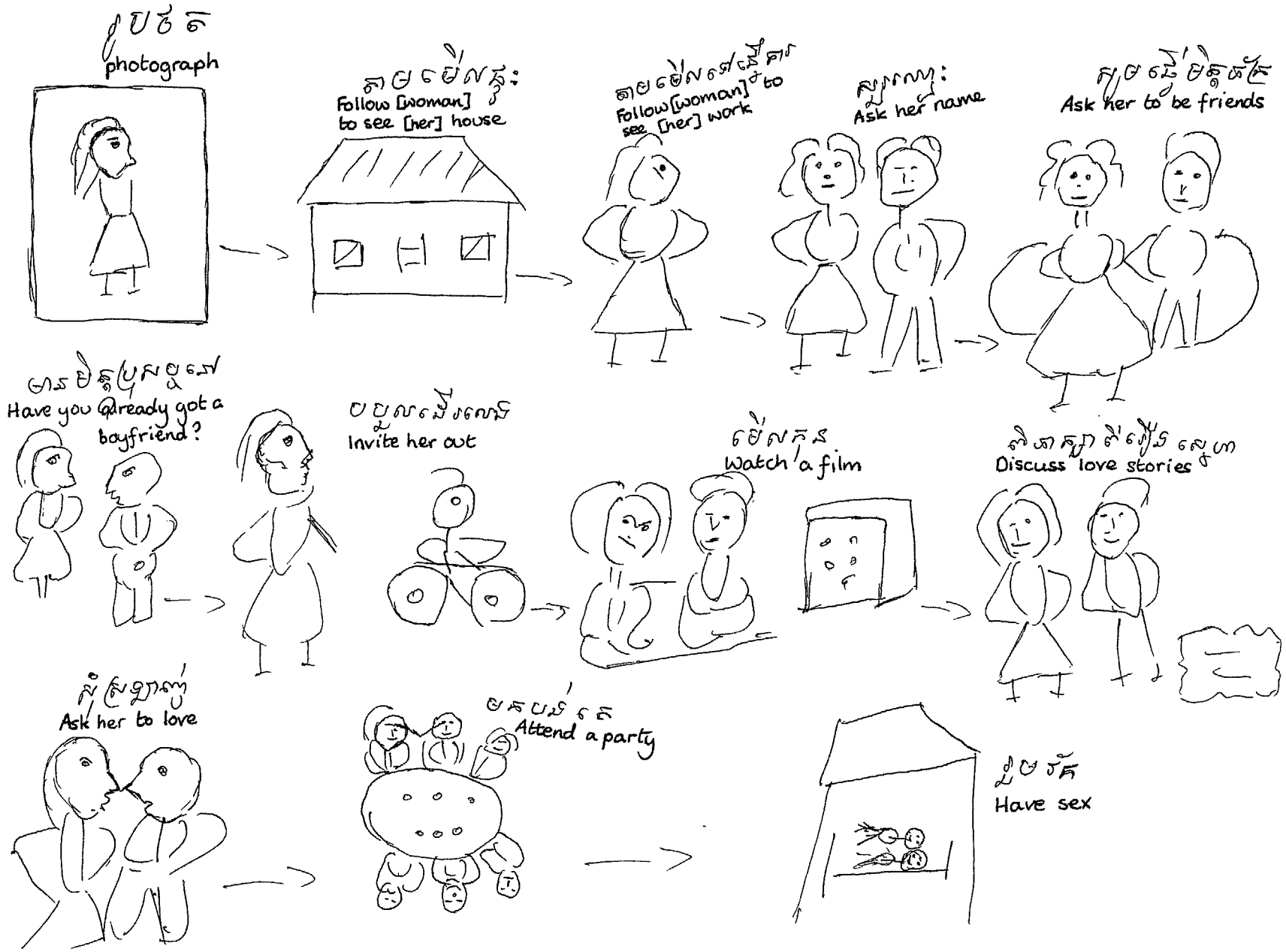

Figure 10: Courtship script drawn by young men, Factory Z, 1 May 1999

11.1.2 NEGOTIATING SEX

Romantic talk and declarations of love are a necessary part of all the courtship scripts.

> *They will rent a hut over the water at Kien Svay, and try to understand each other from the girl's side to the boy's side.*

However, the content of these discussions is not made explicit by the participants. One group of young men say that they talk to women and:

> *... Ask if she dislikes me. If she says no, it means she loves me.*

Sexual intercourse occurs after love has been declared. The implication of all the narratives is that the woman perceives sex to be taking place as part of a continuing and loving relationship:

> *Before having sex, the woman will be concerned whether the man loves her forever or not.*

> *[She is] afraid that after having sex, he does not want to get married to her and he looks for a new one, because he thinks 'we just know each other for a moment, why is it so easy to sleep together?'*

Both young women and men describe women agreeing to sex when she trusts or 'believes' the man:

> *The woman now has confidence in the man and they begin to touch and kiss.*

> *We agree to love together.*

> *A woman will say yes [to sex] if she trusts her sweetheart.*

Young women are perceived to be extremely concerned that a man might 'deceive' her with false declarations of love and then abandon her after sex. She is expected to be very worried about becoming pregnant and men are often described as abandoning a woman when she tells him that she is pregnant. Some young women consider that female characteristics make women vulnerable to deception. Social or parental pressure may be perceived to counteract these female traits:

> *We women are soft-hearted, hard-mouthed but quick to believe [men].*

> *Women are loyal, but are deceived.*

> *We women are respectful of our parents, [we do not want to] disgrace them. Otherwise, we would be weak when men flatter us. [We are] soft-hearted and quick to believe because of our loyalty.*

However, young women may sometimes be confident in their knowledge of a man's intentions:

> *Men say they do not marry women working in our factory.*

Any discussion preceding sexual intercourse is implicit in these narratives rather than stated. The young men describe the non-verbal signals that inform them whether or not the woman wants to have sex with them:

> *The man kisses her and then they find a guesthouse. At the guesthouse, the man touches the thigh of the woman. She is shy. If she does not mind [being touched] she wants to [have sex]. The boy puts his arm around the girl's waist and undoes the hook of her jeans and then they have sex.*

> *[Men] can tell a woman's heart by whether she lets him touch her four or five times...*

Sometimes [we] touch her hand, sometimes [we] kiss her – if no reaction we can have sex. Don't wait a long time!

If we kiss our girlfriend, we can sleep with her.

The woman is expected, by both young women and young men, to be shy and embarrassed:

The woman will be quiet and shy in the guesthouse.

She has shame too.

However, a few female participants consider that, when a man touches a woman as a prelude to sex, shyness and parental pressure not to have sex might be forgotten:

Some people say that when a young man kisses a young woman, it makes that woman forget her parents - what she wants is to have sexual intercourse with him swiftly [no matter] how young or old they are.

[When he] touches me, I am very thrilled. He touches and kisses me and then I have a strong feeling, sexually aroused and do not think about my parents and there is nothing to be shy about.[50]

In a more general context of men and women, some young men state that women may sometimes take the sexual initiative:

When a woman sees a man she always kisses the boy or girl [child] to indicate that she wants sex.

In these scripts, it is not clear how pre-meditated sex is perceived to be by the protagonists. In one narration, the couple end up in a guesthouse because they are sheltering from the rain (Figure 8). However, in one of the twelve versions of this script of courtship and seduction, narrated by women, the couple go together to the market to buy condoms before going to Kien Svay.

In one script, narrated by young men, the man and woman go out to a party, watch sex videos and get drunk before having sex (Figure 10). Some young men state that 'alcohol increases sexual desire for both men and women'. Some young women describe how alcohol will influence a man's sexual desire:

Loving each other very much, they go to a wedding and [he] drinks alcohol and then sees his [sweetheart or fiancée] to be more and more beautiful.

11.1.3 CONSEQUENCES OF SEX

After the couple has sex, the scripts end in one of two ways. For example, in a narrative related by young women, in which sex takes place after the couple has known each other for one to two years before they have sex, it is stated that both people are happy:

People who have love are never sad.

The alternative ending of the script relates negative consequences for the woman. In several versions, the woman becomes pregnant. Young women relate a story in which the woman informs the man and he denies responsibility, but eventually pays for an abortion (Figure 7). The woman asks the man to marry her, he refuses and the couple break up. This proposal of marriage is one of the very few occasions in any of these scripts in which the woman takes initiative within the relationship. Another script narrated by

[50] This statement was made in the context of the narration of scripts for courtship by a participant in a group of young women all of whom said that they had never had sex. It should not, therefore, be assumed to describe personal sexual experience.

young women describes how the man wants the woman to have an abortion. The woman does not agree and the man leaves her.

Young men also narrate a script in which the woman has an abortion (Figure 9). The pregnancy is said to have occurred because the couple 'did not use condoms or take medicine' and thus to be the 'consequence of what the woman has done'. Again, the woman approaches her sweetheart to discuss the pregnancy, but in this story she is able to 'let her sweetheart solve the problem'.

Young women state that if they were 'deceived' and abandoned, they would be disappointed and ashamed. Pregnancy is a particular fear for single women. Many young women talk about the possibility of committing suicide in such circumstances - particularly if the man 'denies responsibility' - by drinking medicine or poison or jumping in a river. Some young women state that they themselves would not want to die and that in reality, 'some [women] think it over [and] do not commit suicide'.

11.2 REPORTED RELATIONSHIPS AND SEXUAL BEHAVIOUR

There is no consensus among the participants about the proportion of their colleagues and contemporaries who have relationships or who are believed to be sexually active. For example, participants say, variously: there are a few people in the factory who have sex; most unmarried people in the factory who have sex are engaged to be married; some factory workers have sweethearts. Two groups of women from the same factory say that it is common for female factory workers to become pregnant, be abandoned by their sweethearts and have an abortion:

> *In our factory, there are many women having abortions. The place for abortion is far away because they do not want anyone to know.*

One group of young men says that:

> *Four hundred out of 500 female factory workers have a sweetheart. The men also have girlfriends.*

Some young men say that they break up with their sweethearts after one to three months, or that they have a new sweetheart everyday.

Young men state that factory workers have relationships with people from outside their respective factories. Men are said to have relationships with women from other factories, while female workers are said to 'love' mostly:

> *Villagers nearby or friends of men in the factory.*

One group of young women says:

> *Country women are beautiful: rich men who have a job take us for excursions even during the work hours. We go because we know they have good jobs and have a lot of money.*

Some of the young men feel that their poverty will prevent them having a successful relationship with a woman:

> *Sweethearts do not love a person who is as poor as the worker today.*

One young woman tells how a girl at school had a sexual relationship with her male teacher. Another female participant relates an anecdote in which sexual activity had negative consequences for a man. The chief of monks in her village had a relationship with one woman, during which she became pregnant twice. She told him before having an abortion and he did not respond, so he 'lost face'. He paid her two 'chis' of gold and has now run away.

Young men identify rural-urban differences in behaviour:

In the countryside, men and women are still good [virginal], but in the city, they travel anywhere with their sweethearts.

The participants were asked to give anonymous responses to direct questions about their relationships and sexual experience.[51] Between five and nine of the 58 female participants who responded said that they had ever had sex. Ages of first sex were 15 to 20. One woman said that her first sex was forced. One woman said that her first sex was painful. Eight or nine of the 19 male participants responded that they had ever had sex. Ages of first sex for men were between 18 and 25. Two of the young men responded that their first sex had been with a commercial sex worker.

11.3 MARRIAGE

11.3.1 EXPECTATIONS OF MARRIAGE

The participants expect to get married. Many female participants seem to consider a happy marriage the focus of their future happiness:

I dream of [having] a husband and happiness together.

Finding a partner with whom they can enjoy the future and establish a happy home is a major concern for them. Marriage does not play such a big part in young men's discussions of their hopes and fears for their future. Some young men describe marriage as an important tradition: they state that if they do not marry, they will be 'very much blamed'.

However, while young women may have high hopes of a future happy marriage, they are very aware that not all marriages turn out well, and are deeply concerned with finding the right man:

If [the parents] choose the right man, it's alright. If they choose the wrong man, [then] unhappiness will doom the whole life. There is only one chance in selecting a husband.

Some young women are fatalistic about what the future marriages have in store for them:

Frankly, it depends on our fortune. If we meet a good [man], then our happiness is also good. [If] our fortune is to meet a bad [man], [then our happiness is] bad.

Young women have clear perceptions of the sorts of problems they might face:

A husband having sex with other women transmits AIDS. He beats his wife, mistreats/tortures her and doesn't respect the rights of his wife who stays home. He looks down on his wife.

The possibility of a woman enjoying being unmarried is raised by one young woman:

Some [22 year-old women] like to be happy living alone.

11.2.2 MARRIAGE AGE

Earning power and 'being able to think' are key factors determining appropriate ages for marriage. Physical maturity for giving birth is also an important factor for women (see Section 4.1.2). Young people – or their families – may want to delay marriage so that they can continue to contribute to the family income. Male participants say that young men may want to delay marriage until they have money or in order to complete their studies. Some young women are anxious to establish their earning capacity before marriage so that they are able to support themselves and their children.

[51] Some answers were ambiguous. Because these responses were given anonymously, it was not possible to clarify them.

Young women report that women may get married between the ages of 13 and 25. The most common age for women to marry is perceived to be around 17 to 20 years. Marriages of women younger than 18 are often seen by young women to be the result of parental pressure, and undesirable for the woman. Women aged 17 years and under are considered 'unable to think' and unable to take on the role of a wife - caring for children, cooking and doing the housework:

> *Seventeen is too young; [she] knows nothing.*

Of a girl who married at the age of 13:

> *She is now 15 years-old and has one child, but she cannot do anything, not even cook. Her husband does everything.*

In contrast, an 18 year-old woman is considered ready for marriage as at this age she is old enough to give birth, take care of the children, take care of the house and to do business. However, many of the young women felt that it was preferable for a woman to defer marriage until the age of 20 to 22 years - some suggested 20 to 25 years would be desirable - when she can 'think a lot' and has increased earning power:

> *I think that if I, myself, marry at 25, [then] I will be able to take care of the children*

A few female participants felt that the maximum desirable age for marriage for a woman is 20.

Many participants say that a woman is old enough to get married at around 18 years. One group of young men states that 17 to 20 years are desirable ages for women to be married because she is most beautiful and sexually attractive at these ages.

Young women perceive that while men may get married at 18, it is usually preferable for men to be aged over 20. The unsuitability of younger men for marriage is summed up by one young woman:

> *It is better for men to marry after the age of 20: 25 is a good age to marry. If they marry at 17, they do not know how to think. They think only about themselves, not about their wife - spending money on commercial sex workers, wanting to go out.*

However, some young women feel that 19 to 20 year-olds are mature enough to resolve their problems through talking. Young men suggest ages between 19 and 24 years as appropriate for men to marry. They feel that a man in his early twenties is old enough to be responsible for everything.

11.2.3 PREFERRED QUALITIES IN A SPOUSE

Young women have a clear idea of the qualities they would like their future husbands to possess. Most young women would like a husband who: respects their elders and other people; has a gentle and honest character; knows right from wrong; is willing to help his wife with housework, problem-solving and if she is sick and has earning power. Some female participants say that they would also like a husband who loves his wife; respects the capacity of his wife to do more than housework; does not go out too much, does not have sex with other women and does not drink alcohol. Not all the young women believe that there are men who do not drink, but one woman is able to cite the example of her teetotal uncle. Physical attributes are a secondary concern for the young women: one female participant would like a husband who is a 'little bit more handsome than me'. One young woman sums up:

> *[Women want husbands] who are able to look after us and do not mistreat us, who do not bring difficulties into the family, [who are] non-complaining, respectful of elders and ... [husband and wife] love each other.*

Some young women are extremely anxious about the prospect of being 'betrayed' by their future husbands:

I want a spouse who is uglier than me. I would rather that I am more beautiful than him. What I need is an educated man. I would rather betray him.

[I do not care how much] pain he has, just that I am broken-hearted [if] I do not stay in his heart.

Young men worry that their poverty may make them an unattractive marriage prospect.

As mentioned in Section 10.2.1, many young men want to marry virgins. The woman's character and reputation will be investigated before marriage is proposed – usually by the young man's parents or relatives. Young women are aware that this assessment will be made and have clear ideas about how they should conduct themselves in order to attract a 'good husband':

We should be kind...and not have characteristics that [would cause] someone to call us a brave woman[52] or a woman who flits about.

One young woman says of her fiancé:

Although I have a loud voice, he still wants to marry me because of the good manner with which I respect my parents.

Some young women feel that they will be more attractive to potential suitors if they have more education and some money.

11.2.4 FINDING A SPOUSE

11.2.4.1 PARENTAL CHOICE

Most participants expect a substantial degree of parental involvement in their choice of spouse, and consider a marriage arranged by their parents to be in accordance with Cambodian tradition. Older siblings or other relatives may substitute for parents if necessary. Parents may identify a spouse on behalf of their son, or approve his choice of woman. They may negotiate with a woman's family on their son's behalf, or approve a proposal of marriage on their daughter's behalf. Figures 11 and 12 show scripts for courtship, betrothal and marriage drawn by young men and young women. There are no references to the parents of a woman approaching the family of a man on behalf of their daughter.

Young women perceive substantial advantages to having their husband selected by their parents. Their parents are expected to investigate the character of the man on their behalf: it can be inferred that they consider their parents better able to assess a man's character than they are themselves. Young women say that if a daughter marries a man who was chosen by her parents, she can expect her parents to accept responsibility for the consequences of their choice:

Parents [selecting a husband] is better because if a problem happens after the marriage, [our] parents can feed us because it is their mistake.

We depend on [our parents]. If there is any problem they'll resolve [the problem] and take responsibility.

If we select our husband ourselves, when something happens [our parents] ignore our problem. If we follow their selection, [then] when something happens they will care about us - for example, raising our children.

[52] ស្រីអាក្រៃ — a woman who is brave to talk with men.

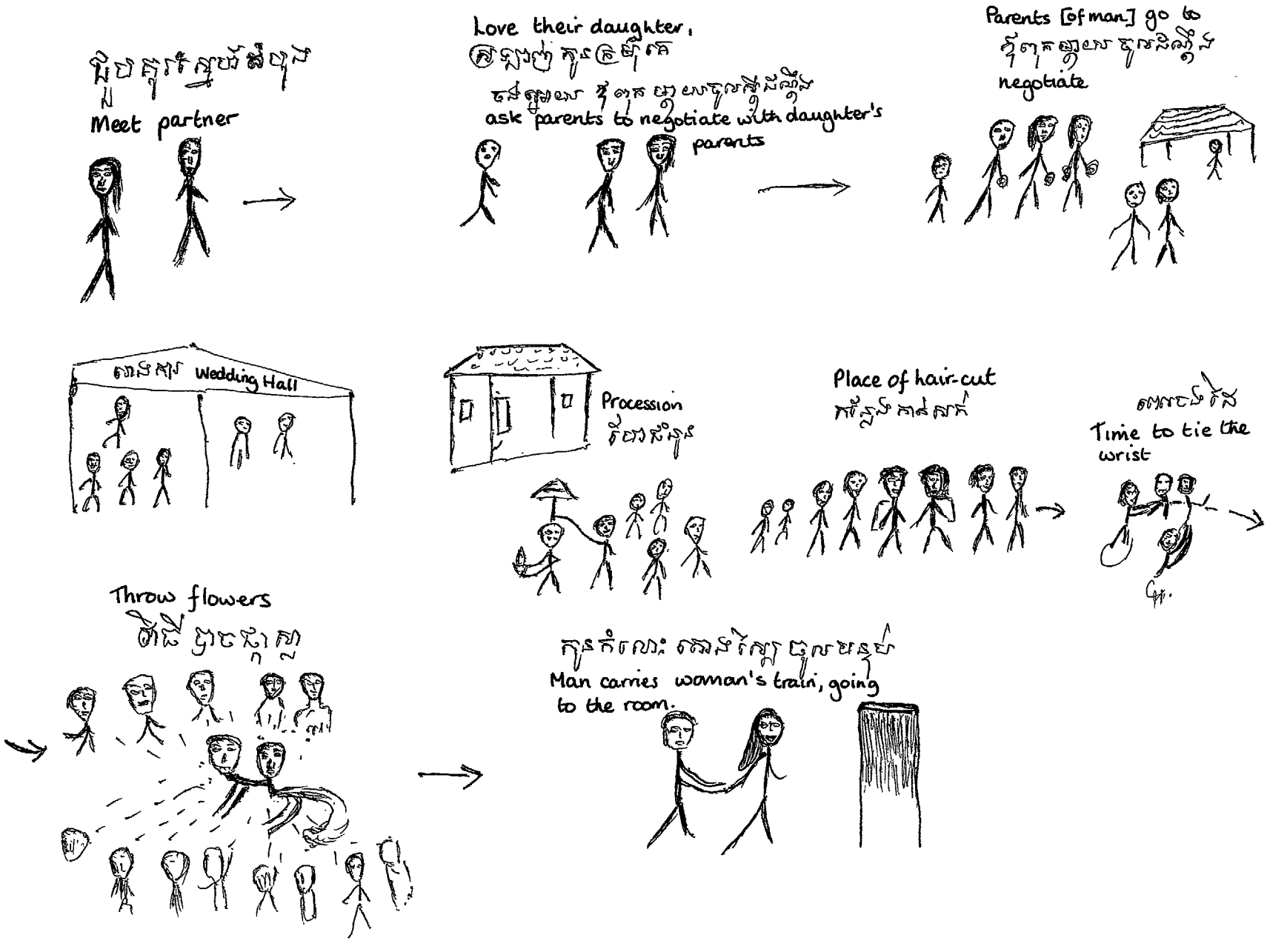

Figure 11: Marriage script drawn by young men, Factory X, 28 March 1999

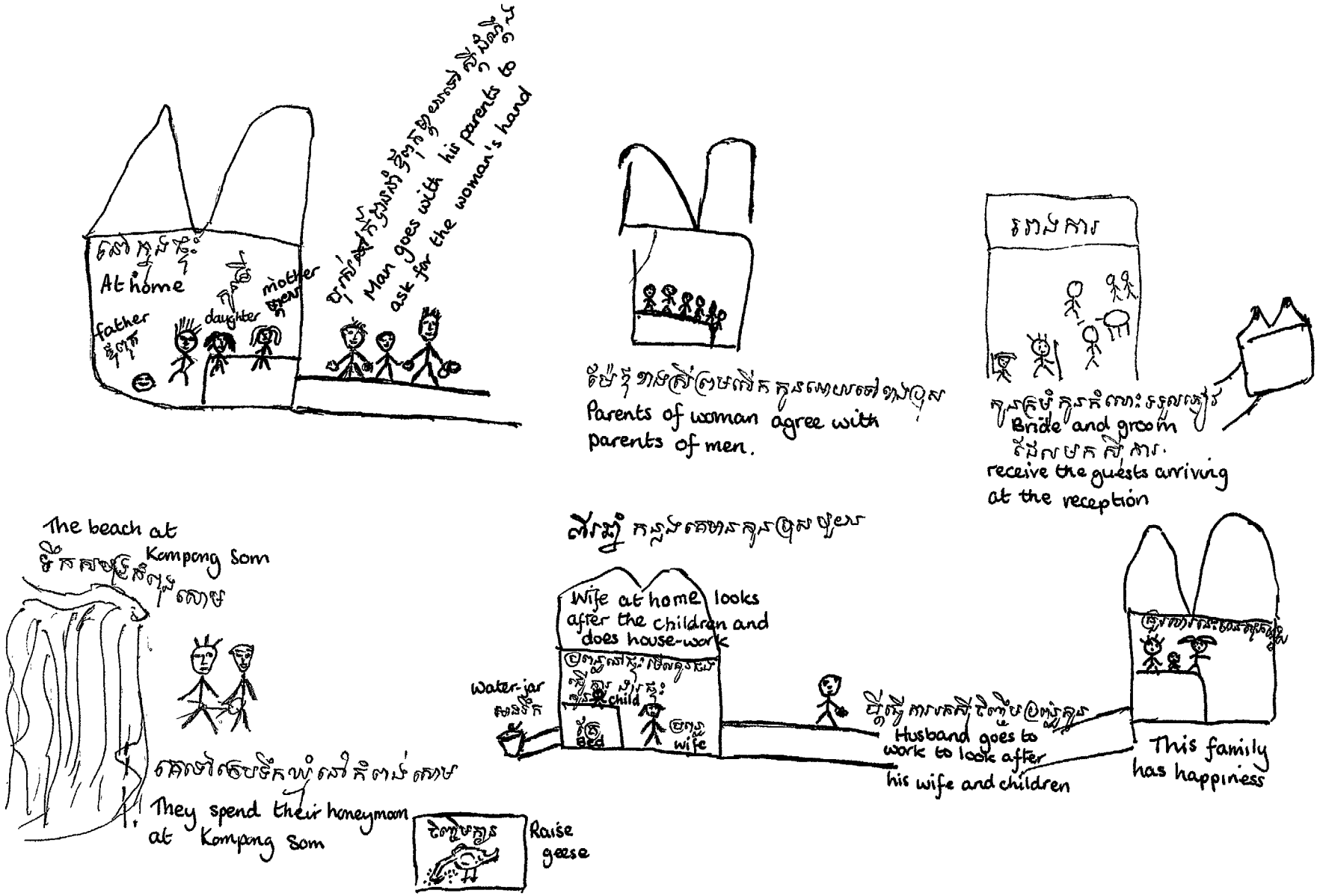

Figure 12: Marriage script drawn by young women, Factory X, 28 March 1999

It is not clear how serious problems would have to be before a parent intervened, and parents do not always intervene at all. This story concerns a young woman who was taken out of school by her parents to marry an older man:

> *... My friend, aged about 17 years, and her husband, aged about 30 years: before asking her hand, he was a very good man. Since marriage, he has been mistreating his wife very badly ... He's a heavy drinker. Whenever he gets drunk, he beats his wife ... He always pushes his wife around. Even though the house is spick and span, he still causes trouble.*

It is noticeable that the speaker seems to prepared to hold a woman at least partially culpable for her husband's violent behaviour if she is failing in her wifely duties.

11.2.4.2 NEGOTIATING WITH PARENTS

While many young women state that they are happy for their future husband to be chosen by their parents, they understand that a woman who marries a man against her will is likely to have an unhappy marriage, which may well end in divorce or suicide (see Section 11.2.6). The ideal expressed by many young women seems to be that the parents select a husband for her and she approves their decision. Many young women feel that they would be able to talk to their parents if they were not happy with a potential husband identified by their parents. They would ask their parents:

> *... Can we trust in this man and can he look after us?*

Some young women feel confident that they would be able to withhold their consent if they did not think their husband was a 'good man'. Others state that the woman and her parents have an equal say in the choice of husband. However, some young women are extremely concerned that they may be forced into a marriage against their will:

> *If we don't consent, they will still force us. We don't know what to do – we must ... follow them.*

In general, the participants express a strong belief that parental wishes should be obeyed. One young woman quotes a proverb:

> *The cake is never bigger than the mould.*

Some young women may also feel a special duty to their parents because of their sex. A few female participants state that they have heard old people say that only sons can completely repay their parents – as only men can become monks to return a good deed to their parents. If children do not return good deeds the parents will be ashamed. It may be that there is a particular obligation on daughters to obey their parents as they cannot do good deeds in other ways. The consequences of disobeying parental wishes over marriage are not discussed by the participants.

Factors influencing the likelihood of a parent forcing their daughter into marriage against her wishes are perceived by young women to be the number of daughters in the family or an over-concern with money[53]:

> *Some parents [who] have many children always force [their children] – if there is only one daughter, then they will follow the heart of their daughter.*

> *Some mothers think money is more important than their own children. Later on, they do not care, even if the husband mistreats her child.*

Parents may also arrange marriages if they know their daughter is sexually active or fear that the daughter is at risk of becoming pregnant.

[53] It is traditional in Cambodia for the bridegroom's family to give money to the bride's family at the time of arranging the marriage.

Men perceive themselves as under substantially less pressure, although they may be concerned that parents will choose a wife for them whom they do not want to marry. This concern is usually expressed by young men who have a current sweetheart with whom they are in love. One young man simply told his aunt that he did not want her to find him a wife until he was 25 years-old. They feel that parents can be helpful in picking out a 'good woman', but that the final decision should be up to them as it is they who will have to live with the wife. Both young men and young women fear that the family of their prospective partner may not give their consent for the marriage.

11.2.4.3 FINDING A SPOUSE INDEPENDENTLY

There are many references to young men and women getting to know each other independently and then asking parental consent for the marriage. Such relationships are described as following a similar script as that for courtship described in Section 11.1 – the couple may or may not be expected to have sex before they are married. Some young women disapprove of couples who get to know each other independently from their parents. They feel that this may lead to unacceptable behaviour, such as touching or having sex. Some young women think that to meet and get to know their husband prior to marriage is desirable as it enables them to learn about their 'husband's heart'.

Men are expected always to initiate any sort of relationship - as one young woman says:

> *We can never find [a husband] unless he comes to us.*

However, it is not clear at what point a woman can reject a man's advances without risking her reputation. In one courtship script that ends in the betrothal of the man and woman, the couple spend time together before the man asks his parents to approach the woman's parents. When he takes her home the woman asks him to drop her some distance from her house as she is afraid of being seen with a man. Somewhat ironically, the script continues with the man asking his relatives to find out about the woman's character and reputation prior to proposing marriage.

There are a few references to the possibility of a couple marrying without parental consent and a few anecdotes describing people doing this, but it seems that the factory workers perceive this as unusual. Parents are perceived to have the power to split a couple up and refuse permission for the marriage. This appears to be a serious concern for several young men and women.

One young man describes how his girlfriend - he says they have been in love for a long time - is five months pregnant and he wants to marry her but her mother and sister do not agree and her brother-in-law wants her to have an abortion. He is very upset and does not want her to have an abortion.

11.2.5 ENGAGEMENT

The length of time a man and woman know each other before marriage will depend on the nature of their meeting. Young men and women who meet independently of their parents may spend time getting to know each other before they are officially engaged. Parents usually introduce the prospective husband and wife before marriage. Engagements may last anywhere between five months and two years, although some are as short as 3 days or 3 months. Some young women state that couples may fall in love one month after meeting.

Young women consider that it is desirable that partners know each other before marriage as this allows them to have a 'mutual understanding' and 'to have confidence' in each other:

> *The most important thing is to let him know that I am really destitute, in order to let him understand about me well.*
>
> *[Engaged couples] like to trust each other before marriage in order to live together easily without problems.*

Trust, for a woman, may involve learning if the prospective husband goes out at night, if he is a 'nice man' and if:

... He loves me whether I am beautiful or not.

Young women consider that a lengthy engagement allows extra time for information about the man to be revealed:

> *[It is important to] know the background of his family, is it good or bad? ... Does he respect his parents. It is an advantage to know beforehand - he will tell us during the course of one year.*

A woman's family may break off an engagement if it transpires that the man 'has a bad attitude'. One instance is reported of a woman breaking an engagement independently of her parents.

However, a lengthy engagement may also turn sour. Some female participants believe that a engaged couple may become tempted to have sex before they are married, although others state that this is not inevitable. A woman's conduct may also lead to the foreshortening of an engagement – for example, if she goes out a lot. This may also be a reason for breaking off the engagement; for example, if the man sees the woman talking to other men, or believes rumours that he hears about her conduct. It seems that the man is judged by what he does and the woman by what her behaviour is believed to imply.

11.2.6 MARITAL BREAKDOWN

Divorce is mentioned as a possibility by most participants and does not necessarily invite parental disapproval. One story is mentioned of a divorce that was sanctioned by the wife's parents. It is stated that 'some women divorce after three days of marriage'. Young women suggest possible reasons for divorce are being pressured into marriage and marrying an unsuitable man – often at a young age - whom the woman did not know:

> *At home, there's a mother who forced her daughter to get married. Later on, her daughter got divorced and she came back to live with her mother.*
>
> *... There may be divorce if parents chose the husband ...*

Adultery by either partner may be grounds for divorce (see Section 10.2.1).

Many young women have heard stories of women committing suicide due to a forced or unhappy marriage, by drinking pesticides or poison or by taking sleeping pills:

> *Her parents compelled her to marry. The next day, she committed suicide by hanging herself.*
>
> *Another couple, they didn't love each other. After the wedding the woman bought poison and killed herself. She had a lover.*

One young woman states that she would rather die than be compelled to marry by her parents.

11.2.7 CONTRACEPTIVE USE AND FAMILY SIZE

Most young women and men consider two to four children to be the preferred number of children for married couples. Some young men would prefer to have a daughter first so that she can help with her mother's work. One group of young women considers that married couples may want up to six children. A few young women suggest that three children – an odd number – will bring misfortune and poverty to the family. One young woman is able to support this by citing the poverty of her aunt, the mother of three children. However, she also considers her own family – in which she is one of many children – as poor. The participants' opinions are based on families they observe around them:

> *One neighbouring family ... has 10 children. [The] husband is always ill, but they have happiness.*

Children are expected to ease the lives of their parents:

...if you have lots of children [three or four] then when they grow up they can help you work.

If we have one child and it dies, nobody helps us, we live alone.

If one is not kind, you can rely on the others.

A few young women comment that having fewer children is less of a burden. Young couples may want to delay the birth of their children in order to establish their livelihood:

They want to do business first and don't want to be bothered.

Some young men believe that a married woman would be more anxious to have children quickly than her husband, as she will be afraid that if they do not have children 'he will be upset and wander around'.

The participants state that a married couple should use contraception if they wish to avoid pregnancy or limit the size of their family. There is no consensus among the participants as to whether the subject of contraception is likely to be raised by the husband or the wife, or as to who would make the final decision about contraceptive use. Not all young women feel that they have the right to decide on contraceptive use:

The wife has the right [to determine contraceptive use], but the husband has more.

Suggesting using condoms as a contraceptive is considered likely to cause marital problems. For example, one group of young women states that if a woman asks her husband to use condoms in order to avoid pregnancy:

[He] will be angry ... [He] will think that his wife has no belief in him.

The same young women state that if a husband suggested using condoms:

His wife will think he has AIDS.

The association of condoms with lack of trust and disease is discussed in Section 12.2.1

If a married couple does not have children, young women and men consider that neighbours are likely to speculate on the reason. It may be assumed that the couple are using contraception. If a fertility problem is suspected, some participants state that:

... The woman is usually blamed.

Others say that fertility problems may originate with the husband. Fertility problems may be addressed by praying for a child at the pagoda, or by asking for a relative's child.

12. INFECTIONS FROM SEX

Perceptions of prevalence and the risk of infection, are overwhelmingly based on a categorisation of people as commercial sex workers, men and married women. Routes of infection are traced by participants from category to category.[54] Distinctions are also drawn between risky and non-risky (or less risky) behaviour - namely, the different risks posed by sex with and without a condom.

12.1 RISK ASSESSMENT

12.1.1 COMMERCIAL SEX WORKERS: THE SOURCE OF INFECTION

Commercial sex workers are perceived to be both the source and the cause of infection in men. These opinions were expressed by both men and women:

> *[A person] gets syphilis from having sex with a sex worker.*
>
> *[Men catch gonorrhoea] by sleeping with many commercial sex workers.*
>
> *AIDS is caused by having sex with a commercial sex worker.*
>
> *The important thing is that commercial sex workers contain syphilis. Men are infected when they have sex with them*
>
> *Syphilis comes from sex with sex workers.*

A few participants raise the possibility of a man catching an infection as a result of having many - unspecified - partners:

> *A man [who] has a lot of partners, without using the condom, can catch AIDS.*

A similarly small number of participants mention that men or women may catch an infection from a sweetheart who has had a lot of partners. Second wives are another potential source of infection for men.

It is not clear to what extent men are perceived to transmit diseases to commercial sex workers. Most participants know that men can transmit infections to women. It may be that the participants are not interested in the source of a commercial sex worker's infection, or that they assume commercial sex workers are all infected already. No explanations are offered as to how commercial sex workers came to be the source of infection.

The male participants appear to feel in control of their own risk of infection, because they feel able to identify the potential source of infection. For example, one group of young men says that they do not have sex with people that they 'do not trust'. Others state that they do not consider themselves at risk of infection with HIV/AIDS because they do not have sex with commercial sex workers:

> *I don't worry [about getting AIDS] because I never have sex with a commercial sex worker, but I am afraid of catching it by injection or haircut ...*

Some young men state that their lack of money and free-time protects them from infection because they do not have the resources to have sex with commercial sex workers.

12.1.2 FROM HUSBAND TO WIFE

Married women are considered very vulnerable to infection from their husbands. This is the main source of infection identified for women who are not sex workers:

[54] There is no suggestion that any of these categories could overlap.

The husband transports the germs from outside and transmits them to his wife.

Syphilis and gonorrhoea are transmitted by a man having sex with a commercial sex worker and then transmitting it to his wife and children.[55]

[Syphilis is transmitted when] the man carelessly beds commercial sex workers. Then, he transmits it to his wife.

What the husband has, the woman also has.

Women are infected with AIDS from their husband and have to go to the traditional healer.

If the husband goes out for sex and comes back and has sex with his wife, he can contaminate his wife.

There is no mention of wives infecting their husbands, except for one female participant who states that if a man contracts syphilis and infects his wife, that the wife must seek treatment as well as the husband, or she will re-infect him. Young women perceive a significant risk to themselves of infection with HIV/AIDS from their husbands when they marry. Many young women state that they are afraid of marrying a man who has HIV/AIDS. One young woman expresses a very different sentiment to the other female participants:

I am not afraid of AIDS, I am afraid of no sex.

Female participants state that their fear of marrying a man who is already infected with HIV/AIDS can be addressed by requesting a blood-test before marriage. However, as noted in Section 7.3.1, the participants' understanding of how a reliable result can be obtained from a blood-test is confused.

Fear of being infected with HIV by a husband who is infected *after* marriage - and strategies to avoid this - are not discussed in personal terms by the young women.

12.2 AVOIDING INFECTIONS FROM SEX

12.2.1 CONDOM USE

The participants know that condoms can prevent infections from sex.[56] Condoms are mostly recommended for protecting men from infection from commercial sex workers.

[A man should] use a condom ... to defend his wife and children

[We] want men to wear condoms. Explain clearly, don't have too much fun – [or he] will bring AIDS back to his wife. Therefore, he has to use a condom.

Protect yourself from disease by not sleeping with commercial sex workers. Or, if you do, use a condom to avoid transmitting the disease to your family.

Young men perceive that sexual excitement may override an intention to use condoms:

When having sex, [we are] very excited – sometimes, we forget to use condoms.

If the passion starts, we can have half-sense.

[55] Children are often mentioned as being vulnerable to infection with disease as a result of their fathers having sex with commercial sex workers. It is not explained why this is so. HIV/AIDS is the only disease for which mother-child transmission is identified as a transmission route (see Table 8).
[56] It is also mentioned by a few young men that women can avoid infection by cleaning herself with water.

Young men base decisions about condom use with sexual partners - other than commercial sex workers – on 'trust'. For example, one group of young men discusses whether or not it was necessary to use condoms with sweethearts. Some participants say that condoms are not necessary because they trust their sweethearts. Others counter that a new female sexual partner cannot be considered a sweetheart, and so cannot be trusted straightaway. It is not stated when a new partner would be classed as a sweetheart and therefore be considered 'trustworthy':

> *If [we have sex with] our own sweetheart whom we've known sometime we don't use a condom, but if we go to Toul Kork brothels we use [condoms].*

Some male participants state that condom use may be initiated by either the man or the woman. Some young women, however, comment that it is very difficult for them to talk about condoms:

> *We know [about condoms] since we grew up, but we can't say.*

Other young women state that they do not know how to use condoms.

Some young men state that if they know that the woman with whom they are having sex has not had sex with anyone else, they do not need to use a condom. The possibility that the woman may fear contracting an infection from the man is not raised by the young men. Very unusually, one young woman raises the issue of women using condoms to protect themselves from male sexual partners:

> *If [the man is] a partner of love, not our husband-to-be, then we have to use condoms ...*

The scripts for courtship and seduction related by the participants stress how a woman must trust a man before she agrees to have sex with him (see Section 11.1.2):

> *A woman will say yes [to sex] if she trusts her sweetheart.*
>
> *We have to use condoms if we are not sure about each other.*

It seems likely, therefore, that the association of condoms with partners that are not trusted would make it very difficult for either a young man or woman to suggest using condoms with a sweetheart.

One group of young men states that they would be concerned about pregnancy if they did not use a condom with a sweetheart. Pregnancy is a very significant concern for young women who have sex with sweethearts. However, no participants state that they would use condoms with a sweetheart to avoid pregnancy. Although most participants identify condoms as a contraceptive, young men state that it would definitely be a problem for a husband to use condoms with his wife as 'she would want to know why'. A role-play performed by young women demonstrates how the association of condoms with sex workers and concepts of mistrust is perceived as a barrier to condom use by married couples – see Appendix 2.

One group of young men reports that:

> *Some women in the factory are angry when we show them condoms because they dislike them. They don't know condoms are good protection.*

It is not clear in what context, or for what reason, the men were showing women condoms. However, another group of men explains that women who see that they were carrying condoms would say that they were not good men. It is not clear whether the disapproval is understood to be of the condoms or of the inferred sexual behaviour.

A few male participants comment that condoms are not comfortable. It seems that condoms are perceived to delay ejaculation – certain brands are considered particularly effective for this, which may be considered positive by some young men. Some young men seem to perceive that condoms may not be

completely reliable, as some recommend using two condoms at once 'to be sure' – it is noted that this may be a bit hot. One young woman has heard from her uncle that condoms are 'hot and tight'.

Some young men state that condoms should be checked before use to see if 'they are broken or expired'. It may be that male participants are not aware that some types of condom may not provide reliable protection from disease. One group of young men reports that some men like to use a 'pineapple hair condom' – a condom which has small hairs woven into it. They state that this type of condom gives the woman a great deal of sexual pleasure, but if the woman sees that the man has such a condom she will not have sex with him as it causes uterus pain and she cannot have sex for a week.[57]

12.2.2 ONE PARTNER

The participants state that infections can be avoided by having only one partner. It is sometimes - but not always - stated that both partners should have sex only with each other, although this may always be implicit:

> *Be faithful to one partner. If a man needs another women, he should use a condom.*
>
> *Couples must be honest, one-to-one.*
>
> *Love one for one with honour.*
>
> *Love only one partner.*
>
> *Have only one love. Don't have love with 30 people.*
>
> *If we have sex with only one partner, we do not worry about AIDS.*

The possibility of either partner having an infection from a previous sexual partner is not raised – although blood-tests are often recommended for a couple before marriage (see Section 12.1.2).

Some young women also state that a man might not necessarily tell his wife if he had had sex with another person and suspected that he had an infection – though they say that he might 'stay away from her'. It seems that some women perceive that it may be difficult to know whether a partner has sex with other people or not. They recommend blood-testing after engagement in case the man:

> *... Says nice words to the face, but behind the back he goes out to eat and drink with his friends ... men are always boastful.*

[57] It is not explained why men think this gives the woman sexual pleasure.

13. SUMMARY CONCLUSION

'Good women' do not have sex except with their husbands after they are married. Young women are perceived to become sexually desirable when they reach puberty and are expected to begin to take an interest in beautifying their appearance. However, they must guard their reputation against any hint of sexual misconduct. Young women perceive their reputations are very vulnerable to the assumptions of others, which may be based on as little as the rumoured conduct of a factory colleague. It is believed by many young men that it is possible to tell whether a woman is a virgin or not by her physical appearance and her demeanour. Young women are aware of this, but are more likely to question the reliability of assumptions made on this basis. A woman's reputation is likely to be investigated by the family of any prospective husband.

Young men are perceived to begin to experience sexual desire when they reach puberty and many participants anticipate that after puberty, young men will start accessing commercial sex and will be mainly concerned with enjoying themselves. Many young women seem to assume that men are likely to continue to access commercial sex throughout their lives.

Young women are perceived to be extremely vulnerable to violence and deception. It is reported that women are vulnerable to being drugged for sex by men known to them, and to being tricked or caught and sold into the commercial sex industry. Many participants have heard of women being raped, often by relatives. Rape appears to be perceived as a crime of passion. Some female participants have experienced frightening and threatening incidents with men and many are very afraid in the city. Young men comment that it is more common for men and women to have relationships without being married in the city than in the countryside.

Young men categorise female sexual partners as friends, sweethearts they do not plan to marry and sweethearts they plan to marry. Some young men state that they would not have sex with a woman whom they planned to marry. Young women are expected to be afraid that their sweetheart will abandon them after they have had sex together and to be afraid of becoming pregnant. They are expected to agree to sex only after they believe their sweethearts' declarations of love. Some young women consider that women are inherently gullible where men are concerned, but also suggest that a wish to avoid disgracing their parents assists them overcome this 'weakness'. Sex is described as being initiated by the man through non-verbal signals. Young men describe how if a woman does not respond negatively to being touched or kissed, they assume that she wants to have sex with them.

All the participants expect to get married. For many young women, marriage is the focus of their future happiness. However, they are very aware that the 'wrong' husband may treat them very badly. Women consider that a woman younger than 17 years is too young to be married. Many feel that between 20 and 22 years are good ages for a woman to marry, as she will be mature enough to raise children and earn money for the family. Men feel that between 17 and 20 years are good ages for a woman to marry as this is when she is most beautiful. Young men are perceived to mature more slowly than women: many participants suggest 19 to 25 as appropriate ages for a man to marry. Many participants speak of delaying marriage until they have sufficient earning power to support the family and are mature enough to settle differences with their spouses through discussion.

Many young women state that they would like their parents to be involved in the choice of marriage partner, so that they can rely on their parents to take responsibility if the marriage does not work out well. However, they strongly feel that women should not be forced into marriage against their will and some are afraid that this may happen to them. It is possible for a man and a woman to form a relationship independently from their parents and then to seek parental approval. It is not clear to what extent a woman can get to know a man to whom she is not married without compromising her reputation.

Commercial sex workers are believed to be the source and the cause of all infections from sex. Women are considered to be very vulnerable to infection from their husbands. Young women are very worried about the possibility of marrying a man who is infected with HIV/AIDS. They state that it is desirable for a fiancé to have his blood tested for HIV/AIDS before marriage.

Condom use is recommended for avoiding infections from sex, although some young men note that they may sometimes be too overcome by passion to use condoms. The identification of commercial sex workers as the repository of HIV/AIDS and STDs means that condoms are strongly associated with commercial sex and with sex with people who are 'not trusted'. Condoms are not considered appropriate for use with spouses or 'trusted' sweethearts.

The young people's scripts for courtship and seduction stress how a young woman must trust the man's declarations of love before they have sex. For either partner to suggest using condoms therefore seems likely to imply a lack of trust. In addition, sex is not expected to be discussed verbally and women are expected to be shy and embarrassed. It seems that it would therefore be extremely difficult for either a woman or a man to negotiate condom use with their sweetheart. Most participants state that condoms are a contraceptive. However, although pregnancy is a major concern for young men and women who have sex with their sweethearts, no participants state that they would use condoms with a sweetheart in order to avoid pregnancy.

Having only one partner is the other strategy identified by young people for avoiding infections from sex. No strategies are suggested for ascertaining whether a partner has sex with other people, or for action if one's partner is known to have had sex with another person. Many participants state that it would very difficult for either partner in a marriage to suggest using condoms, as this would imply either a lack of trust in the other person or that the person suggesting condom use has had sex with somebody-else. In general, young women appear to perceive that it may be difficult to know if a man has sex with other people or not.

14. APPENDICES

APPENDIX 1: TREATMENT OF SEXUAL HEALTH PROBLEMS

Disease	Treatment or Action
hernia	• heat a brick and put it on the abdomen
irregular menstruation	• eat lots of sweets during menstruation • eat food with vitamins
urinating difficulty	• boil bananas that have a lot of seeds and drink the water. Urinate on a roof tile
painful menstruation	• analgesics; some young women have been told by older people that they should not take pills for painful menstruation. Eat a lot of fruit
premature ejaculation	• 'woman who does not have a baby can treat', (statement by young man) • pills advertised on television
sweet urine	• drink one's own urine, 100 mouthfuls, one mouthful per day
swollen groin	• spread nasal mucus on affected area
syphilis	• elephant-head grass ground in wine • rice-water
vaginal discharge	• medicinal plants may be boiled, and the water drunk • wash with salt water • wash everyday • vaginal discharge affects only single women – it will stop when they marry • wash everyday with water with a bit of salt and lemon • traditional medicine - pills for two weeks and a pot of herbs to boil for drinking • Western medicine can be bought: one reportedly effective tablet is called Sulfaprime • Another aunt bought vaginal pessaries - 1 capsule is R700 and it makes you cool for one day. Not all young women feel comfortable using pessaries: *I am afraid of inserting it, shy of myself.* • 'Go to the doctor, because mix of medicines and injections is effective even though it takes a long time.'

APPENDIX 2: NEGOTIATING CONDOM USE

This role-play was performed by a group of young women.

Wife: I want you to use condoms.

Husband: Why do you want me to use condoms – you don't trust me – is that right?

Wife: Because I want to prevent pregnancy and infection with other diseases.

Husband: How about the pill? Why do they use it but you don't use it?

Wife: It causes health problems. I have bad health.

Husband: I am still loyal to you. Even though I go outside, I always use condoms – but we are married.

Wife: I can't trust you, because you have other women. If you used to use it outside, so, now, inside you can also use it, OK?

Husband: If you think this, we don't have any future.

Wife: You should have pity on me, because we lack the possibility to have children because we just married two months ago.

Husband: OK, I pity you.

APPENDIX 3: GLOSSARY OF SEXUAL HEALTH PROBLEMS

amenorrhoea	រាំងរដូវ
breaking syphilis	ស្វាយបែក ស្វាយធើប
breast cancer	មហារីកដោះ
genital warts	ផ្តាខាត់ណា ត្រែតាកុត ដុះសេរមាន់
gonorrhoea	ប្រមេះ
gravel in fallopian tubes	ត្រួសក្នុងដៃស្បូន
haemorrhoids	រំសម្ងួងបាត
hernia	ភ្លន
hidden syphilis	ស្វាយក្រាប
HIV/AIDS	អេដស៍
impotence/weak penis	លីង្គខ្សោយ ស្ពាប់ប្រដាប់បន្ត្ពជ ប្រដាប់បន្ត្ពជខ្សោយ
inflammation of kidneys	រលាកតម្រងនោម
irregular menstruation	រដូវមិនទៀង
lymphogranuloma venereum	ទៀមឡា
menstrual pain	ឈឺចាប់នៅពេលមានរដូវ
miscarriage	រលូតកូន
penile discharge	ផ្ទាក់ស
post-partum illness	ទាស់ក្រោយឆ្លងទន្លេ
premature ejaculation	ឆាប់ចេញទឹកមាម
prolapsed uterus	ផ្ទាក់ស្បូន ស្បូនស្រុត
rice-water gonorrhoea	ប្រមេះទឹកបាយ
ringworm	ស្រែង
rumbling uterus	ស្បូនលាន់
sexual disease	ជំងឺកាមរោគ
sweet urine	ទឹកនោមផ្អែម
syphilis	ស្វាយ
syphilis-gonorrhoea	ស្វាយប្រមេះ
unequal testicles	ពងកោប
urinating difficulty	នោមទាស់
uterine cancer	មហារីកស្បូន
uterine infection	រលាកស្បូន
uterine ulcers	ដំបៅស្បូន
vaginal bleeding	ផ្ទាក់ឈាម
vaginal discharge	ផ្ទាក់ស
vaginal itchiness	រមាស់ទ្វារមាស
vulval/vaginal sore	ដំបៅមាត់ទ្វារមាស

15. RECOMMENDATIONS

The participants have a considerable amount of knowledge and information about sexual health and safer sex practices. However, there are significant gaps in understanding, for example about conception, which will prevent young people from making fully informed choices about their sexual health. The young people's knowledge articulates with misinformation in the context of a social and attitudinal framework which severely constrains young people from talking openly about issues related to sex and sexual health and limits their range of choices regarding decisions about their sexual health.

It is recommended that participatory sessions be used as part of a strategy to address the above needs. Participatory education sessions provide a supportive environment in which the participants' learning needs can be specifically identified and addressed. The participants reporting enjoying this approach during the research activities. Importantly, participatory sessions would enable the participants to explore the social and attitudinal framework within which they make decisions. Using participatory sessions to develop negotiation skills and strategies would assist young people expand the range of choices that they perceive to be available to them.

It is recommended that the possibility of forming mutual support groups be explored, in order that the young people can find ways to support each other in applying skills and making decisions about their sexual well-being. The participatory sessions may be an appropriate forum for exploring this possibility with the young people.

The following table presents specific recommendations for inclusion in participatory sessions:

PROBLEM	ANTECEDENTS	RECOMMENDATION
Participants do not have sufficient knowledge of how infections are transmitted through sex to assess which sexual activities carry a risk of infection.	• Limited knowledge about the human reproductive system • Some misinformation that diseases occur as a result of 'a lot' of sex • Sexual activities other than peno-vaginal intercourse are not openly discussed • No participants are aware of the link between STDs and HIV/AIDS transmission	Information and education about HIV/AIDS specifically addresses: • How infections are transmitted through sex • Factors which increase the likelihood of HIV/AIDS transmission
Lack of knowledge about the progression of HIV/AIDS and STDs may lead young people to believe that a person is free of infection or has been cured.	• Confusion between the difference between HIV and AIDS is likely to cause confusion about asymptomatic infection with HIV • No participants are aware of the possibility of asymptomatic infection with STDs • The results of blood-tests for HIV may be misinterpreted due to confusion about the 'window period' of testing	• The progression of HIV/AIDS, including which stages of infection are likely to be symptom-free • Information about the possibility of asymptomatic infection with STDs

Young people may not differentiate between condoms that offer a high level of protection from infections from sex and condoms which have features which make them unsafe	• Participants do not appear to be aware of indicators for condom quality	Information and education on condom use should address: • Positive quality indicators • Particular features that are likely to make a condom unsafe
The stigma of HIV/AIDS is likely to: • Be a factor deterring people from openly discussing HIV infection and prevention • negatively affect the quality of life of people living with HIV/AIDS	• Association of HIV/AIDS with commercial sex • Fear of HIV/AIDS	Care should be taken that no project activities inadvertently reinforce stigma, and the issue of stigma should be directly addressed
Young people may be deterred from seeking medical advice or treatment for sexual health problems by a sense of embarrassment, shyness or shame	• Young people may fear assumptions will be made about their sexual activity • Young people, especially women, perceive that they ought to be shy and embarrassed, and are expected by other people to be so	• Young people should be supported to speak openly about sexual health issues, and identify environments in which they feel they will be able to continue to do so in the future
Young people are frightened of pregnancy, disease and ruined reputations as a result of sex	• Sex within 'sweetheart' relationships is expected to be initiated by non-verbal signals • Non-verbal signals may be mis-interpreted • There is no identified opportunity for negotiating condom of contraceptive use	• Support young people in exploring issues of trust • Support the young people in identifying and role-playing strategies for opening communication about sex • Support the young people in developing their negotiation skills and confidence, particularly in the context of safer sex and contraceptive use
Young people, particularly women may be afraid to discuss their sexual well-being or seek advice or support	• 'Good women' do not have sex other than with their husbands • Women are expected to be too shy and embarrassed to discuss issues related to sex and sexual health • Young men may also fear social censure about their sexual behaviour, or that assumptions will be made about their sexual behaviour	• Enable the young people to explore ways in which they can support each other in maximising their sexual health and sexual well-being, possibly with a view to forming mutual support groups.

Negotiating condom use is likely to be very difficult for people in a 'trusting' relationship	• Condoms are considered unnecessary for trusted sexual partners • Women are expected to trust men with whom they have sex • Men are expected to convince women of their trust before having sex • Married people are expected to trust each other	• Young people are supported to explore these issues • Young people are supported in developing skills and strategies for negotiating safer sex

CLINICAL SERVICES:

Young people identify a number of criteria that determine their health-seeking behaviour, and a number of constraints that may prevent them seeking medical advice or treatment. If clinical services are to be provided, or existing services supported, the following issues should be taken into account:

- cost
- accessibility in terms of transport costs and opening hours
- confidentiality
- non-judgemental and welcoming attitudes of clinic staff
- possibility of providing counselling or other supporting services