



CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

This study focused on DCSWs who are brothel based and working at the Cambodian-Thai border in Osmach commune, Oddar Meanchey Province, Cambodia. The objectives of this study were (1) to assess the magnitude of the condom use among DCSWs and (2) to ascertain determinants that influence condom use among DCSWs. In this chapter, the findings will be discussed in accordance with the objectives of the study under investigation.

Most of the respondents were in the 18 to 31 year old age bracket with both Cambodian and Vietnamese nationalities represented.

5.1.1 The magnitude of condom use among DCSWs

In this study, condom use means using a condom during any sex act. It was found that there was a difference in condom use for DCSWs having sex with clients and having sex with steady partners/sweethearts. Among DCSWs who had a steady partner/sweetheart (29 of 62), almost half of them (48%) did not use a condom every time they had sex with their steady partner/sweetheart. The remaining half (52 %) did use a condom each sexual act with their steady partner/sweetheart. The overall condom use among DCSWs was 76% i.e. DCSWs used a condom every time they had sex with clients or steady partners/sweethearts and only 24% failed to use a condom every time. However, when we look at the condom use among DCSWs with clients only, the majority of DCSWs (96.8%) used a condom with clients every time compared to 3.2% who did not use them every time. This study found that almost one in five of the DCSWs interviewed (16.1%) had experienced a terminated pregnancy during the time they had worked in this profession.

The magnitude of condom use among DCSWs of Osmach town (76%) was found to be higher than DCSWs of Cambodia and DCSWs in Philippines (50% and 42% respectively) (Ohshige et al, 2000) but slightly lower than the pilot project in Sihanoukville, Cambodia in 1999 (78.1%) (WHO, 2001a), and Thailand (98%) (WHO, 2001c). The magnitude of condom use with steady partners/sweethearts (52%) in Osmach was lower than in Sihanoukville, where 64% of female sex workers reported “always” use condom with their steady partner/sweetheart (WHO, 2001a).

5.1.2 Factors related to condom use among DCSWs.

The related factors which were explored based on the PRECEDE Framework consisted of the following:

5.1.2.1 Predisposing factors-They were fundamental factors leading to motivation to use condoms.

(i) Demographic characteristic factors (i.e. age of DCSWs, nationality, education, and income)

Age of DCSWs: In the present study, age was not statistically significantly associated with condom use. The finding of the present study was congruent with the study in Siem Reap, Cambodia of Wong et al (2003). An explanation is when clients refuse to use a condom; they also were able to refuse to have sex with particular clients. Therefore, age of DCSWs is less important and was not significantly associated with condom use in this area

Nationality: This study suggests that nationality was no associated with condom use. Only one Vietnamese DCSW (1 out of 13) did not use a condom each sex act compared to Cambodian DCSWs (14 out of 35). This result is consistently with qualitative information that Vietnamese DCSWs usually look after themselves very well particularly with hygiene care and use of condoms. It may be due to them knowing of their plan to return home and set their family up when they have enough money saved. This was similar to the qualitative study among cross-border populations along the Cambodian-Thai Border by Pramulratana et al (1995).

Education: In the present study, education level attained had no association with condom use. It is interesting that DCSWs who had never attended school (61.7%) used condoms more than DCSWs who had ever attended school (38.3% which is contradictory to the findings of Nguyen et al (1998) in Southern Vietnam. One plausible explanation is even though half of the DCSWs (56.5 %) had never attended school and could not read and write all of them (100%) had heard of STD and HIV. They have heard from health staff or NGOs staff, television and radio about HIV/AIDS. The high knowledge also has to be taken into consideration because the majority of them (59.7%) have >80% knowledge of STD and HIV/AIDS. The qualitative data showed that NGOs provided health education at brothels every month therefore this result may come from the affect of these activities rather than their formal school education level.

Income: The study found that DCSWs who had sufficient income for their daily expenses (78.7%) used condoms more than those who did not have insufficient income (21.3%) yet there was no association. These findings are also consistent with the results of having debts to pay where DCSWs who did not have debts (57.4%) used condoms more than those who had debts (42.6%). This study's finding was similar to the study of Endang R. and Sedyaningsih-Mamahit (1999) with female sex workers in Jakarta, Indonesia. A plausible explanation is the less money they have, the fewer condoms they use. Another reason can be those who did not have debt and have sufficient income wanted to be healthy. It is consistent with the qualitative data of Pramulratana et al (1995) that those Vietnamese used more condoms because they wanted to go back to their family when they have enough saving money.

ii) Having steady partner/sweetheart: In this study, having a steady partner/sweetheart was highly statistically significantly associated with condom use among DCSWs ($p = .010$) (OR=.191, 95%CI: 0.054 to 0.677), It was found that 93.3% of those who had a steady partner/sweetheart did not use a condom every time they had sex with their sweetheart. It was similar to a study in Vietnam by Tran et al (2004), and a study of female sex workers in urban Thailand by Wawer et al (1996) where there was a negative correlation between condom use among DCSWs and steady

partners/sweethearts ($p < .001$, $r = -.527$). The studies results were consistent between the qualitative and quantitative data that almost all respondents of the focus group discussion and in-depth interviews believed that DCSWs did not use condoms with their steady partners/sweethearts because they want to show their love to their partner.

(iii) Having dependent people: This study shows that being responsible for having dependent people was not associated with condom use which is contradictory to the study of Endang R. and Sedyaningsih-Mamahit (1999). Although 70% of DCSWs in Osmach town had others dependent on them, there was no association with condom use so they don't think about those people being dependent on them when they are deciding to use a condom.

(iv) Duration in the profession

The study found that DCSWs who had less than one year work experience (66.0%) had a higher rate of condom use than DCSWs who had more than one year of work experience (43.0%) however there was no association between duration in the profession and condom use. This finding was contradictory to the study of Ohshige, et al (2001) in Cambodia. The quantitative data showed that more than half the DCSWs (53.2%) in Osmach town had less than one year work experience and information gathered during in-depth interviews showed that new DCSWs were strongly concerned about the contracting of STDs and/or HIV/AIDS, and pregnancy. It is possible that those with greater work experience become complacent and consider that since they have been safe to date, they will continue to be disease free.

(v) Past history of STD

It was found that the past history of STD was no association with condom use despite DCSWs who had experienced an STD (23.4%) used condoms less than DCSWs who had never experienced an STD (76.6%). This finding was different to the study on female sex workers in Southern China (Shenzhen) by Lau, J. T. (2002).

(vi) Knowledge and Attitude regarding STD and HIV/AIDS

DCSWs that had higher knowledge (55.3%) used condoms more than DCSWs who had a lower score of knowledge (44.7%) yet it was no association between knowledge and attitude regarding STD and HIV/AIDS with condom use. This finding was consistent with Wong et al study (2003) at Siem Reap Cambodia. However, there were 40.3% of them had knowledge lower than 80%. This group of DCSWs should be considered to increase knowledge. Regarding the attitude to STD and HIV/AIDS, all DCSWs felt afraid of getting STD and/or HIV (100%). At the same time, they also felt pity for the HIV infected person (96.8%). This may explain why they agreed to use condoms with their clients and their steady partners/sweethearts.

5.1.2.2 Reinforcing factors- It is a factor which indicates practice or behavior for which support was provided

(i) Influence of Clients' characteristics (i.e. number of clients within the last week, age and nationality of clients)

Number of Clients within last week: It was found DCSWs who had more than ten clients within last week (87.2%) had a higher use of condoms than DCSWs who had less than ten clients within the last week (12.8%) yet it was no association between a number of clients within last week with condom use. This finding was congruent with the study with direct sex workers in Siem Reap, Cambodia by Wong et al (2003) and the study about condom use among female freelance and brothel-based sex workers in Singapore by Wong et al (1999). A plausible explanation is that the more clients they had, the more careful they have to be (use more condoms). It may also be that they form a habit which is easy to maintain.

Age of clients: This study found that the older age of clients (between 25-50 years old) was statistically significantly associated with condom use among DCSWs ($p = .039$, OR= 5.583, 95%CI: 1.090 to 28.597). There was a positive correlation between condom use among DCSWs and the age of clients ($p = .030$, $r = .295$). During the focus group discussion, it was revealed that younger clients usually asked not to use a condom when they used the service of DCSWs.

Nationality of clients: It was found that DCSWs who have Cambodians as a main group of clients (86.7%) used condoms less than those DCSWs who had a majority of non- Cambodian as clients (13.3%) yet there was no association between nationality of clients and condom use. This differs to the study of Lowe (2002) who studied sex workers in Cambodia. The majority of non- Cambodians visiting the DCSWs was Thai and it has been described that 98% of Thai men use condoms when they visit sex workers (WHO, 2001d) which could explain these results.

(ii) Brothel owner/manager/pimps

All respondents (100%) replied that they had never been forced by a brothel owner/manger/pimp to have sex with clients without using a condom; however the researcher was informed about a beating, which occurred in one brothel. It was not clear from the information as to the reason for the beating. The researcher asked DCSWs who participated in the FGD but no one mentioned a beating. This may be because they were not free to say what they thought and considered there may be repercussions. On the other hand these DCSWs who were sent to participate in the FGD may have been the most loyal to their brothel owner.

(iii) Peers

According to the quantitative results about peers, it was found that the respondents chose to discuss with their peers as well as brothel owners when they had STD problems. This was contradictory to the focus group discussion results that found that they didn't want to tell their friends if they had an STD. The said that they felt shy to let any one knows their problem except brothel owners. This can be explained that they have to talk with brothel owners because it may relate to the payment of STD treatment. But it is different to new DCSWs who chose to talk with a friend who they knew or came from the same village. Another possibility is the FGD participants were "older" and had been in this "game" longer and perhaps didn't have to talk with their friends, as they knew more about STDs and HIV/AIDS or aware of gossiping and competition among DCSWs in the same brothel.

5.1.2.3 Enabling factors- They were necessary resources as well as skills enabling individual to have certain behaviours.

(i) Availability of condoms

From the quantitative data, interviews with DCSWs and observation during the field study, it was found that the availability of condoms is not a problem in Osmach town. No one mentioned about a shortage or inaccessibility to condoms in brothels at Osmach town. However, this contradicts the question about what they did if they ran out of condoms. It is very interesting that one DCSW answered that her client went to buy himself, and another DCSW decided to have sex with no condom. It is possible that there are periods when there are no condoms or that some brothels may run out but were too afraid to admit it. However, the myth of using only “Number One” condom has to taken into the consideration because they will not use other brands of condom.

(ii) Availability of health services (i.e. STD service, IEC materials)

Quantitative results found that among those who had an STD experience, they sought treatment from many sources within Osmach and more often than from outside the town. Only 20% of them chose to get services from the health center while 80% chose to purchase drugs from pharmacies. It was similar to the qualitative results, which found that almost all of the respondents chose to purchase drugs from pharmacies or private clinics instead of using the health center STD service because they did not to waste of time or money and unsatisfied services. This qualitative data reflects the information from the health center where only 1 or 2 DCSWs came to use the STD clinic at the health centre per month.

(iii) Negotiation skills of DCSWs to persuade clients to use a condom.

It was found that DCSWs who succeeded to persuade clients to wear a condom (57.4%) used condoms more than DCSWs who failed to persuade clients (42.6%) but there was no association with condom use. This is similar to the study with sex workers in Singapore by Wong et al (2003). From the qualitative result, many

DCSWs failed to persuade clients to use condom, which caused them to have less clients and therefore less income for themselves and brothels then near future, they would consider accepting having sex without using a condom.

5.2 Conclusion

This study aimed to provide a specific picture in terms of magnitude and determinants of condom use among DCSWs at the Cambodian-Thai border in Osmach commune, Oddar Meanchey Province, Cambodia. This study found that the magnitude of condom use among DCSWs in Osmach (76%) is lower than the pilot project of 100% CUP in Sihanoukville, Cambodia (78%), and Thailand (98%). The condom use rate with steady partners/ sweethearts in Osmach is lower than the condom use rate with steady partners/sweethearts of the pilot project of 100% CUP in Sihanoukville, Cambodia (64%). The condom use rate of DCSWs in Osmach, the using rate with steady partners/sweethearts is lower than the using rate with clients (52% v 97%).

The factors that had a significant association with condom use among DCSWs were having steady partners/sweethearts, experience of abortion since working in the profession, and the age of the clients ($p < .001$, $p = .045$ and $p = .030$ respectively). The determinants that had a significantly associated with condom use were having a steady partner/sweetheart ($p = .010$, OR=.191, 95%CI: 0.054 to 0.677), and age of clients between 25-50 years old ($p = .039$, OR= 5.583, 95%CI: 1.090 to 28.597).

However, the negotiation skills to persuade clients to use condoms and the quality of the STD clinic in Osmach needs to be improved. Those DCSWs who had less than 80% knowledge regarding STD and HIV/AIDS also needs improvement. The results may assist the authorities and NGOs in the development of locally appropriate programs to promote condom use among DCSWs in this area.

5.3 Scope and Limitations of the Study

This study was limited to DCSWs who are brothel- based working at the Cambodian-Thai border in Osmach commune, Oddar Meanchey Province, Cambodia. They therefore do not represent the entire DCSWs of the province or different parts of the same border. The results of the qualitative study are subjective and cannot be generalized to the whole DCSWs in Osmach town.

Concerning the data collection, government health staff did not participate but rather NGO staff instead due to the concerns about bias actual information because some questions were related to the STD services of the health centre. Due to the limitation of the researcher's time, establishing trust between the respondents and research team was limited. The quantitative data collection and, in-depth interviews of new DCSWs were performed at brothels in a room where others may have heard therefore the information may not be representative of the actual situation regarding condom use due to perceived privacy of the respondents. Another weak point of data collection was using face to face interview for the questionnaire which may not have been appropriate because some questions were accessing very personal information yet because many of the respondents had little formal education it was deemed necessary to have a personal interview. Each DCSWs for the FGD had been appointed by brothel owners. Therefore the information may also not be representative of the actual situation of condom use.

The design of this study was a cross-sectional survey and therefore, unable to describe variations in practice over time. There is also a possible risk for social desirability bias especially for those variables that deal with very personal and sensitive aspects.

5.4 Recommendations

Findings of this study showed that steady partner/sweetheart and age of clients were associated with condom use among DCSWs. These factors could be a barrier to promote condom use among DCSWs. Therefore, the recommendations from this study are:

(i) The 100% condom use program should be strengthened and monitored closely.

(ii) The Provincial AIDS program should include focus on couple health education in order to increase the awareness of protecting against STDs and HIV/AIDS to DCSWs and/or steady partner/sweethearts at the same time.

(iii) The survey found that there were 40.3% DCSWs who had a score of knowledge less than 80%. Health centre or NGO staff should provide correct and appropriate knowledge about HIV/AIDS to this group.

(iv) Negotiation skills to persuade clients to use condoms needs to be improved by training or encourage them to share the problems and suggest practical solutions on condom negotiation.

(v) The STD clinic should be effective and accessible to DCSWs. The PHD and PAO should improve the capacity and be concerned about the quality of service at the STD clinic in the health centre.

(vi) This study area is a border area. Therefore, this information should be provided to Surin Province, Thailand as additional information for further planning regarding border health policy.

5.5 Recommendations for Further Study

(i) The qualitative study should also be carried out to shed more light on problems and obstacles of DCSWs who have steady partner/sweethearts and their steady partners/sweethearts.

(ii) Clients should be including in the qualitative study such as a young men group to get general information.

(iii) The interviewer should not have a background different to subjects such as the same profession, education, income etc.

(iv) Further study to compare the magnitude of condom use between DCSWs and IDCSSWs in order to see the overall picture of condom use in this area.

(v) This study result showed the magnitude of condom use, in order to get the exactly HIV prevalence in DCSWs of this area, the sentinel survey should be done in further study.