KNOWLEDGE AND VIEWS REGARDING CONDOM USE AMONG FEMALE GARMENT FACTORY WORKERS IN CAMBODIA

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Abstract. Cambodia is experiencing a generalized HIV epidemic; there is evidence some populations within Cambodia are particularly vulnerable to infection. A mixed methods study was conducted in 2006 on the vulnerability to contract HIV of rural-to-urban migrant Cambodian garment factory workers. This paper reports the views of these female migrant workers regarding the use of condoms in their sexual relationships. Semi-structured interviews were conducted among 20 workers about their knowledge and experiences regarding condom use. Both married and single women were knowledgeable about HIV transmission, but there was a spectrum of perspectives about condom use with their current or future partners. Some women insisted partners use condoms, while others did not expect partner compliance, and a third group avoided discussing condom use with their partners. HIV prevention programs should include male partners. For many of these migrant women, interventions focussing on education about HIV transmission and condom negotiation skills are insufficient since implementation requires male cooperation.

Key word: condom use, female garment factory workers, HIV transmission, Cambodia

INTRODUCTION

Cambodia is in the midst of a generalized AIDS epidemic (Gorbach *et al*, 2006). Through efforts of the Cambodian government and non-governmental organizations (NGOs), the prevalence rates of HIV in high risk populations such as sex workers has begun to decline. The estimated prevalence rate of HIV in Cambodian adults aged 15 to 49 is currently 0.8% (UNAIDS, 2008a). There is now concern about HIV transmission among Cambodian males and their sexual partners and

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non-brothel based sex workers where condom use is not regular, leading to rising numbers of married Cambodian women who are contracting HIV; almost half of all new infections are in this group (UNAIDS, 2008b).

Migration can increase vulnerability to HIV for women through a variety of individual, community, and structural factors (Webber, 2007). Internal migration within Cambodia is a common phenomenon; about one-third of Cambodia's population has relocated within its borders, usually for economic reasons (Maltoni, 2006).

Rural young women migrate to the capital Phnom Penh by the hundreds of thousands in order to find work in garment factories. In 2004, 270,000 people were employed in the garment industry, 85 to 90% were women, most migrated from the countryside (International Labor Organization, 2005). In 2008, that number was reported to have increased to 350,000 (International Labor Organization, 2008).

Condom use among young women was examined by researchers from the International Center for Research on Women (Weiss *et al*, 1996), who noted despite knowledge about HIV and risky sexual behavior, there were significant barriers to condom use among women. Condoms were associated with lack of partner trust, fear the partner would assume they had a disease or were unfaithful, and concern about losing the relationship. Marston and King (2006), in a systematic review of young people's sexual behavior, confirmed condom use was stigmatised by association with lack of trust in the partner and sexually transmitted infections. They determined society's gender norms had an important impact on sexual behavior and condom use.

This impact of gender norms on sexual behavior and condom use has been confirmed in several Cambodian studies that also found young Cambodian men are much more sexually active than their female counterparts (Glaziou *et al*, 1999; Tarr and Aggleton, 1999; National Center for HIV/AIDS Dermatology and STDs, 2008). The importance of condom use for HIV prevention has been widely recognized in Cambodia and has been the impetus for the "100% Condom Use" program implemented in Cambodia and neighboring Asian countries (Rojanapithayakorn, 2006). While this program has been successful in helping reduce the prevalence of HIV in Cambodia, it has traditionally targeted the sex industry rather than long-term relationships. Despite the common occurrence of sex worker liaisons, condom use in Cambodia is not routine among men. Approximately half the men surveyed in Cambodia's 2003 sentinel surveillance survey (Sopheab *et al*, 2005) stated they used condoms with regular partners, while a third admitted to relations with a female sex worker during the previous year. Thus, their regular female partners were put at risk for HIV and other sexually transmitted infections because condom use with sex workers was not universal (varying from 89 to 95% depending on the group surveyed).

There has been limited qualitative research regarding migrant Cambodian garment factory workers and their vulnerability to HIV (CARE International in Cambodia, 1999; Nishigaya, 2002; CARE Cambodia, 2003). In her study of 20 migrant garment factory workers who engaged in sex work to supplement their incomes, Nishigaya (2002) found the cultural value of virtuousness for women caused young workers to redefine their relationships with male clients, and hence limit their use

of condoms. The subjects in her study identified male sexual partners as "sweethearts" rather than paying "guests" or "clients". An earlier unpublished study, (CARE International in Cambodia, 1999) of 77 migrant female and male garment factory workers in same sex focus groups reported attitudes consistent with the findings of Nishigaya (2002). The authors concluded the garment factory workers identified condoms with sex workers and partners who were "not trusted", but did not consider condoms appropriate for relationships with spouses or "trusted" partners. A survey of 102 sexually active female garment factory workers (National Center for HIV/AIDS Dermatology and STDs and University of California, 2005) found 87.2 % reported never using a condom with their partners.

These findings for Cambodia are consistent with those from other countries: condom use is practised less often in marital and long-term sexual relationships. Sexual relationships are defined by the gender norms of society, and condoms are associated with a lack of trust and disease; the barriers to condom use in relationships are consequently great. The objectives of this study were to describe the knowledge and views of migrant Cambodian garment factory workers regarding condom use. The question asked was "How do migrant garment factory workers negotiate or anticipate negotiating condom use in their current or future sexual relationships?"

MATERIALS AND METHODS

This study was conducted in the Toule Sangke region of Phnom Penh, Cambodia, where there is a concentration of garment factories. A formal research agreement was established between the University of Ottawa, Canada and the International Organization for Migration, Cambodia, for the purposes of research collaboration. Ethical approval for the study was obtained from both the Cambodian National Ethics Committee and the University of Ottawa Health and Social Sciences Research Ethics Board.

This paper presents selected findings from a two-phase mixed methods study of the contextual factors affecting HIV prevention among migrant Cambodian garment factory workers. In June 2006, semi-structured interviews were held with 20 female rural-to-urban migrant garment factory workers regarding their experience of migration. The migrant garment workers were recruited with the assistance of local non-government organizations. A purposive sampling approach was utilized to ensure the perspectives of sexually experienced and inexperienced migrant women were included. Eligibility criteria included migration from a rural community within the previous ten years, and age of 18 or greater. Participating migrants were paid a stipend for travel to the interview site and USD3 for their time. This was considered fair compensation for missing work at the garment factories.

Informed written consent was obtained before each interview. The interviews were conducted in the native Khmer language, with simultaneous English translation. As part of these interviews, migrant women who were married or sexually experienced were asked to comment on their experience of using condoms with their partners. Those who were not married were asked to consider how they would respond to the use of (male) condoms with a future partner. It is important to note that these discussions were about non-transactional sex, as all women denied involvement in the sex trade. After the interviews, women were provided

Table 1
Demographic description of interviewed migrant garment factory workers.

Demographic variable	Number of women (%)
Ethnicity: Cambodian	20 (100)
Province of origin:	
Prey Veng	9 (45)
Kampong Cham	4 (20)
Kandal	3 (15)
Kampong Thom	2 (10)
Kratie	1 (5)
Svay Rieng	1 (5)
Education:	
2 to 5 years	11 (55)
6 to 9 years	8 (40)
Completed high school	1 (5)
Previous occupation:	
Farmer	17 (85)
Mat weaver	1 (5)
Vegetable seller	1 (5)
Volunteer (with the Child Labor Association)	1 (5)
Marital status:	
Single	12 (60)
Married	6 (30)
Widowed	1 (5)
Divorced	1 (5)

with information about HIV/AIDS prevention and local health care services.

Analysis of the interview data was aided by use of the qualitative software program Atlas-ti. The data were analyzed using an iterative process of multiple readings of the text noting recurrent ideas, coding for common concepts, and constructing matrices of related themes. The results are presented with a focus on common discourses.

RESULTS

Demographics of the subjects

The demographic characteristics of the women are found in Table 1. The average age of the participants was 24.5 years (range 18-39). The average time since migration was 4.7 years (range 9 months to 10 years). Thirteen of the 20 women had migrated within the previous 5 years from provinces surrounding Phnom Penh. Six women were married at the time of the interviews, while 2 had been married previously. Twelve of the women were single, 3 of these had partners. All the single women, including those with partners, denied sexual activity.

HIV knowledge

The migrant women had a varying knowledge about HIV and sexually transmitted infections, however, through exposure to media messages, factory education programs and occasionally through personal experience with family or friends

with AIDS, they were all aware that HIV was transmitted by sexual intercourse. When questioned about the means to prevent HIV infection, almost all replied that condoms should be used as a protective measure during sexual relations.

> "I know that HIV/AIDS is a sexually transmitted disease. All the people in my country know about HIV/AIDS. I know about HIV/AIDS because there is a lot of information on the television. Also I get information from different organizations working in this area. HIV/AIDS is transmitted through needles and having sex. AIDS is a dangerous disease as it cannot be cured." (Respondent S, single, age 26)

While knowledge about HIV prevention amongst these garment factory workers was adequate, there were significant barriers to implementation of this knowledge. The women used a variety of discourses on condom use with their sexual partners, from refusal to have sex without a condom to silence on this issue.

"No condom, no sex"

Four of the 20 migrant women interviewed stated that if their partner refused to wear a condom, they would not have sex with them. A fifth woman did not use this language, however, she appeared convinced of her ability to negotiate condom use if she felt her partner was not trustworthy. Four of the 5 women in this group were sexually inexperienced.

A sexually experienced migrant spoke with conviction about using condoms in a future relationship as her husband had died of AIDS. She was aware of the risks of unprotected sex. She was adamant that she would only consider having another sexual partner if he was willing to use a condom:

> "If the man does not want to wear a condom I will not have sex with him." (Respondent P, widowed, age 28)

The remaining four migrants in the "No condom, no sex" category were single and sexually inexperienced. They ranged in age between 18 and 25, and 3 stated strongly that future sexual relationships were dependent on condom use. For example, one young woman insisted:

> "If I have a fiancé, I must ask him to wear a condom. If he does not accept it, I will try again and again to have him use it, but finally if he still does not want to use it then I will refuse to have sex with him. To protect from HIV/AIDS, I need to use condoms if my partner has multiple partners. We need to be honest with each other as husband and wife. If my partner doesn't want to use the condom, I will not have sex." (Respondent G, single, age 22)

The fifth single migrant also recognized the need to use a condom with her partner; however, she intended to be discriminating: if she was convinced he was "good" and faithful to her alone, a condom would not be necessary. She did appear ambivalent about this however, as in her opinion men were not always trustworthy.

> "I feel I can be at risk for HIV/AIDS if I do not protect myself. For example, if I get married, I need to use a condom because I cannot trust the man. So to use the condom, I would not use it every time. If my husband is good and has only me as his partner, then I don't need to use (it)..." (Respondent F, single, age 23)

These migrant women who insisted they would use condoms in a future sexual relationship were the minority in the

group. More common were the women who desired condom use, however, were unconvinced of their ability to convince their partner of the need for this practice.

"He will not wear it"

Nine of the migrant women interviewed were cognizant of the need for condom use to ensure protection from HIV infection; however, they were less convinced of their ability to ensure condom use in their relationships than the first group. Five of these migrants were sexually experienced, while the remaining 4 reported no previous sexual activity. This group of women recognized the cooperation of their partners was not likely to be forthcoming or sustained.

> "If I get married, I think that if I ask my husband to wear a condom, he will not wear it." (Respondent T, single, age 23)

Several of the women believed their partners sought sexual relations outside of marriage and were resigned to the reality that as married women they could be exposed to HIV. The case of respondent L provides an interesting example of how a woman's perspectives about her safety from HIV may evolve after marriage. This young woman had met her husband in Phnom Penh, and they had married seven months prior to her interview. Before getting married her family requested that her partner have an HIV test:

> "The reason why we asked for the blood test is because it is difficult to be confident with the man. We cannot believe in men. Also, my husband is very thin, so my neighbors thought he might have HIV, and they pushed me to ask him to get tested." (Respondent L, married, age 23)

Once married, she spoke more of her concern for pregnancy than about contracting HIV. However, even for family planning he refused to wear a condom:

> "For family planning I asked him to use a condom, but he refused to wear it, since he says it is dirty. When I asked him why he doesn't want to use the condom, I did not get an answer. He says we are husband and wife, why do we need to use a condom. I am afraid if I take the pill I will not be able to have a baby. My husband still refuses to use a condom. I do not want to push him too much.
>
> ... I am afraid that he will go find other partners. That is okay, but I do not want him to bring AIDS home." (Respondent L, married age 23)

When probed again about why she and her friends were not worried about the risks of sexually transmitted infections, this woman replied:

> "A husband and wife have to trust each other, if I cannot believe my husband, who can I believe?" (Respondent L, married, age 23)

These comments reveal the complexity of the issues at stake for her. This respondent lacked control over sexually transmitted infection (STI) protection and her preferred method of contraception, since she did not want to use a birth control pill. While she was aware of the risk of her partner's infidelity, she also wanted to trust him.

Another concern women had was the stigma attached to condom use. One subject stated requesting her husband use a condom would imply she was sexually experienced or had a sexually transmitted infection:

> "I think he may refuse to wear a condom. I think if I ask him to one he may think I am not a virgin and think I

have some disease. He will wonder since I have come to the city, why, after marriage, I ask him to wear a condom." (Respondent I, single, age 24)

Collectively, this group of migrant women found negotiation of condom use a significant challenge in their marital relationships.

Silence regarding condom use

Six of the 20 subjects interviewed remained, or expected to remain, silent on the issue of condom use with their current or future partners. These women did not plan to discuss condom use with their partners. Their reasons included dislike of the sensation of condom use, shyness about having the discussion and trusting their partners.

> "I never use a condom with my husband. I never asked my husband to use a condom because it is slimy. I don't like it. My husband is willing to use a condom but I can't stand it inside me. I feel the condom is very oily." (Respondent D, married, age 39)

The woman quoted above was unique among the interviewed women. She was considerably older than most of the migrant women, and was the only migrant to have completed high school. Her silence on condom use was motivated by her dislike of them. Her partner, a former soldier, was very knowledgeable about the benefits of condoms; however, she preferred he not use them as she detested their sensation.

Discomfort discussing condom use resulted in silence for three of the youngest women. They described themselves as too shy to have such a discussion with their husbands. One young migrant was recently married, and felt unable to raise any issues related to sex with her new husband, including family planning.

> Respondent: "I cannot ask my husband to wear a condom because I feel too shy."
>
> Interviewer: "Have you and your husband discussed family planning?"
>
> Respondent: "My husband and I never talk about family planning or sex." (Respondent E, married for 1 month, age 21)

Concern that asking their husbands to wear a condom would indicate a lack of trust was an issue for several women.

> "I haven't asked my husband to wear a condom, I am confident in him. If I ask him to use a condom he will feel I think he has HIV/AIDS. He will be offended." (Respondent A, married, age 28)

Three migrants stated their silence about condom use was a result of *tukchet* - to trust, have confidence in (Headley *et al*, 1977). Confidence or trust in the partner did not always equate with belief their partner remained faithful to them alone. Respondent N illustrates this paradox well. She migrated to Phnom Penh for employment five years earlier and had been married for two years to a man from her village, a marriage that had been arranged by their families, a common practice in Cambodia. She was knowledgeable about sexually transmitted infections including HIV and spoke freely of her understanding about the common means of transmission in the local population and her risks as a married woman.

> Respondent: "I know sexually transmitted disease occurs because men go out and have relationships with other women, and then transmit it back to their partners. When I was single I was 100% confident I would

not get a sexually transmitted disease. Now that I am married, I am not as confident since I do not know what my husband is doing. To protect from sexually transmitted infections, it is important to use condoms. The reason why I know about the disease is I watched TV and they explain how to protect againts sexually transmitted diseases the right way."

Interviewer: "How are you protecting yourself from sexually transmitted infections now? Do you use condoms in your marriage?"

Respondent: "My husband and I never use condoms since we are confident in each other. The way I protect myself is to explain to my husband and tell him not to go out and sleep with other girls." (Respondent N, married, age 26)

When probed again how she personally was most at risk for HIV, this woman replied with an embarrassed laugh:

Respondent: "Actually I do not have experience about that, but I think the easiest way for me to get HIV/AIDS is through sex with my husband."

Interviewer: "What kinds of things do you do to avoid getting HIV?"

Respondent: "to keep myself from getting HIV/AIDS, I need to tell my husband to wear a condom. I can tell him. I think he is a good husband, serious and honest. I have not tried to ask him to wear a condom..."

Interviewer: "You say you are more at risk being married, yet you also trust your husband"

Respondent: "I feel between me and my husband, he can listen to me. I trust him completely." (Respondent N, married, age 26)

This migrant's story illustrates the paradox some married migrants faced: negotiation about condom use demonstrated lack of faith in the relationship for both her partner and herself. Condoms also competed with the desire for children, since this respondent wished to conceive. When faced with such conflicts, silence was the preferable route for some married migrant garment factory workers.

DISCUSSION

These migrant garment factory workers gave a range of responses about condom use. The factors that favored a discourse supportive of condom use were sexual inexperience and a history of having an HIV positive partner. Anticipating a partner's refusal to wear a condom, trust a partner, having shyness or dislike of condoms resulted in an inability or unwillingness to discuss condom use. These discourses are important because they influence women's vulnerability to HIV, because condom use will rarely occur without discussion between partners. Amongst the migrant women interviewed, only one stated that her partner raised the issue of condom use; for the remainder of the couples, if the issue was raised, it was the women who did so.

While this study focussed on a specific group of migrant garment factory workers in Cambodia, it is consistent with the findings of other reports suggesting negotiating condom use is problematic for many women (Marston and King, 2006). Gender norms favoring male power over sexual matters, and the association of condom use with a lack of trust in the partner (the stigmatization of condoms) were key factors limiting safe sex in marital relationships for these migrant Cambodian garment factory workers. Unique to this study

was the inclusion of women who lacked sexual experience discussing their views and expectations about future sexual relationships.

The theme of trust or confidence in their partner was common throughout the discourse of the married women, although their perspective on trust was not uniform. A number of married women commented they were aware of their partner's potential infidelity on one hand, yet they insisted they trusted their partner. This seemingly paradoxical finding is also consistent with the literature where the portrayal of trust in a partner has been described as paramount, regardless of knowledge or suspicion of infidelity (Hirsch *et al,* 2002; MacPhail, 2003).

When women stated they "trusted" or had "confidence" in their husbands, they were not necessarily endorsing their partners' faithfulness to them, but rather they were meeting the gender expectations of their role as married women within Cambodian culture. Discourses of trust for married women are expressions of acceptance and duty (Mboi, 1996), and may act as assurances to themselves of their social and economic security as married women. The expectation of women to defer to men in all sexual matters, however, means that HIV prevention programs targeting only women for education and condom negotiation skills are doomed to failure.

Condom promotion for HIV prevention has been effective at reducing the prevalence of HIV in Cambodia through the 100% condom program in brothels (Gorbach *et al,* 2006). Shifting this success to non-transactional sexual encounters, where emotional bonds and issues of trust are at stake is a greater challenge, yet essential for future prevention programs. UNAIDS has documented that almost half of new HIV infections in Cambodia are acquired by married women from their husbands, and a third of these new infections are in infants who acquired HIV from their infected mothers (UNAIDS, 2008). Thus, there is an urgent need to address condom use in primary relationships, as it is a key factor in the vulnerability of Cambodian women to HIV.

There were several limitations in this study. First, work requirements meant the women had limited free time to spend with the researchers, and lengthy and repeated conversations were not possible. Second, as foreign expatriate researchers (five out of six of us) it is difficult to ensure accurate interpretation of discourses of young Cambodian women. The involvement of Khmer women research assistants, the collaboration with local organizations, and the contributions of the coauthor helped to reduce this limitation. Given the societal stigma against extramarital relations, it is possible the women would deny such activity, thus a social acceptable bias is likely. Future research should explore the views of sexually experienced and inexperienced women separately in order to reach saturation in each group as their perspectives are different. In addition, discussion of how couples' desires for children impact condom use, how condom use varies over time, and differences between discourses and actual condom use in long-term relationships, are areas for exploration in future research. Finally, the focus of this study was on female attitudes about condom use. The inclusion of male partner views would broaden perspectives and deepen the analysis, as interventions to increase condom use will not succeed without male cooperation.

Future strategies to promote condom use in marriage and partner relationships need to consider the current gender norms

of Cambodian society, the sexual experience or inexperience of women in addition to the desires of the woman herself, including her desire to get pregnant. For condoms to be effective tools for HIV prevention in sexual relationships in Cambodia, men must also be committed to their use. Interventions focusing on men and couples are necessary and incentives to encourage men to participate in such programs are warranted. Expanding condom promotion programs in couples to reinforce the "dual protection" condoms offer as protection against sexually transmitted infections and pregnancy may also be an effective strategy for couples who wish to practice contraception. This may reduce the stigma of condoms and their association with lack of trust in the relationship. In addition to including male partners in condom promotion amongst couples, it is imperative Cambodia continue the "100% Condom Program" among transactional sex encounters. The success of this program has led to a decline in HIV transmission during paid sex, and it is key to reducing the risks of men bringing HIV home to their wives and partners.

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