SEX WORK & HIV

CAMBODIA

HIV and AIDS Data Hub for Asia-Pacific
EVIDENCE TO ACTION

Cambodia is internationally recognized for having successfully reduced its HIV prevalence among the general population from about 3% in 1997 to 0.7% in 2009 [1]. Sex work played a significant role in the spread of the HIV epidemic during the nineties. Since 1999, HIV prevalence has declined among direct and indirect sex workers, although levels remain high. The 100% condom use promotion strategy has been credited for having played a major role in the decline of HIV.

Table 1. Sex work and vulnerabilities of sex workers at a glance	
Population, mid 2008	13,388,910
Estimated number of direct female sex workers, 2006	<2,500
Estimated number of indirect female sex workers, 2006	32,000
HIV prevalence among adults, 2009	0.7%
HIV prevalence among female sex workers, 2006	14.7%
Reported condom use at last sex, 2009	99%
Prevention program coverage of female sex workers, 2007	94%
HIV prevention spending on sex work programs, 2007	5%

Sources: Census 2008; NCHADS mapping, 2009; UNGASS country reports 2008, 2010; NASA 2007-8

However, positive outcomes could easily be reversed with the introduction of the 2008 *Law on the Suppression of Human Trafficking and Sexual Exploitation,* which has resulted in the closure of brothels and a growing number of direct sex workers shifting to entertainment establishments, making effective prevention interventions targeting sex workers and their clients much more difficult.

SEX WORK

Categories of Sex Workers

Based on the venue where they perform their services or the place where customers pick them up, female sex workers (FSWs) have been categorized as follows:

- Direct Sex Worker: Selling sex as an occupation or main source of income. Direct Sex Workers may be either street-based or based in an entertainment establishment or other fixed location.
- Indirect Sex Worker: Working in the entertainment business, such as in bars, karaoke centers, beauty salons or massage parlors, who to increase their income also sell sex. It should be noted that not everyone working in these places sells sex.

Male sex workers (MSWs) and *srey sraos* (transgenders) are frequently found in clubs, discotheques, massage parlours, cinemas, and hotels in Siem Reap and Phnom Penh. According to the Behavioral Sentinel Surveillance (BSS) 2007, 36% of MSM and 60% of transgenders (also called “long hair MSM”) reported ever having sold sex [2]. MSM and transgenders (whether they sell sex or not) are not sentinel groups included in Cambodia’s HIV sentinel surveillance [3]. MSM and transgenders (in general, without being classified as those who sell sex or not) are included in BSSs.

Sex workers remain very mobile and, according to the BSS 2007, about 21% of direct FSWs report having previously worked as karaoke workers and about 8% worked as 'beer girls' [2]. About 15% of beer promoters, beer garden workers and karaoke women reported previously working in entertainment establishments [2].

Table 2. Demographics and economic aspects of sex work, Phnom Penh, 2004

	Freelance*	Entertainment establishment-based/ Mobile
Mean age, years	27.9	27.2
Percent with no education	34	37
Mean years in sex work	3.5	3.1
Mean income last week	12 US$	20-25 US$
Mean number of persons being supported	4.1	3.9
Percent with another source of income	23	29
Percent experiencing HIV prevention outreach	82	92

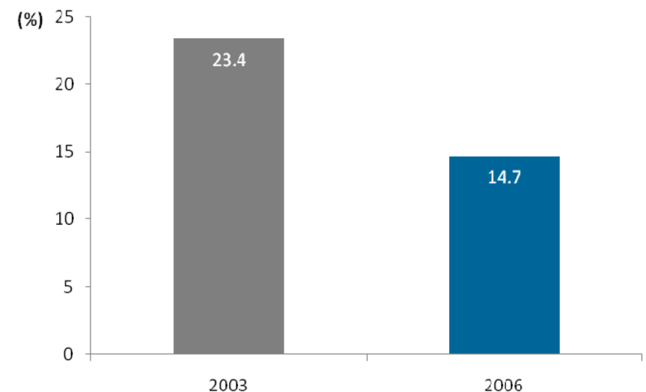
*Park/streets, entertainment venues

SEX WORK AND HIV

HIV Prevalence among Sex Workers

In 2006, HIV prevalence among direct FSWs was estimated at 14.7% [3], down from 23.4% in 2003 (Fig. 1) [4][1]. A comparison of HIV prevalence in different age groups shows that 2.9% of young FSWs (below the age of 25) are estimated to be HIV positive, compared to 14.4% of FSWs aged 25 and older [3]. In 2006, data showed that HIV prevalence among direct FSWs was as high as 26%, 27% and 31% in the provinces of Kampong Speu, Sihanoukville and Banteay Meanchey, respectively [3]. Prevalence was higher than 20% in 6 out of the 20 provinces and municipalities surveyed.

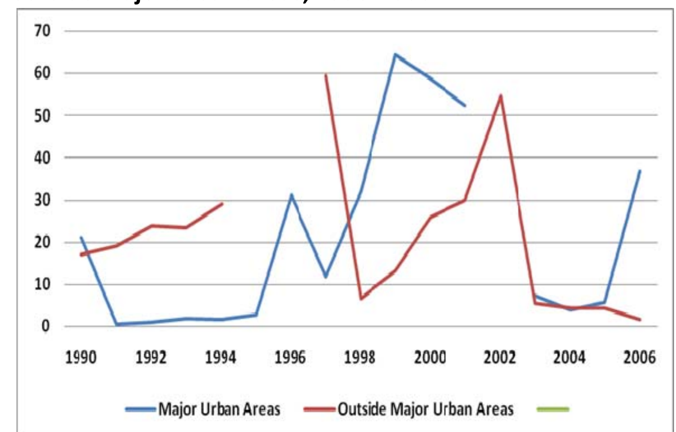
Figure 1. HIV prevalence (%) among direct female sex workers, 2003 and 2006



Sources: HIV Sentinel Surveillance, 2003 & 2006

HIV prevalence among sex workers is much higher in major urban areas compared to outside of them (Fig. 2). From 1992 to 2004, the average HIV prevalence in major urban areas was 60% compared to 29.8% outside urban areas from 1992 to 2003. The highest HIV prevalence was recorded at 61.3% in 1998, with a declining trend from 1999 to 2003. In 2001, HIV prevalence outside major urban areas was high, at 46.5% [5].

Figure 2. HIV prevalence (%) among sex workers inside and outside major urban areas, 1990-2006



Knowledge of HIV

A 2004 study shows good knowledge of HIV and risk behaviours among female sex workers [6]. In 2005, a study among clients of sex workers showed levels of comprehensive knowledge of HIV at 64%. More

[1] The HIV prevalence reported here is after statistical corrections were made (compare to 12.7% in 2006 and 21.4% in 2003 based on raw data).

specifically, 95% had heard of HIV, 88% believed that HIV could be transmitted via unprotected sexual intercourse, 93% said that it can be avoided by always using condom, 94% concurred that one should be monogamous, and 75% agreed that even a healthy person can transmit HIV [7].

Condom Use

Almost all (99%) of entertainment establishment-based (direct) FSWs included in the 2007 BSS reported the use of a condom with their most recent client, compared to 95% of indirect FSWs. It should be noted that only 31% of the sample of indirect sex workers reported having been engaged in commercial sex in the last 12 months preceding the survey [2].

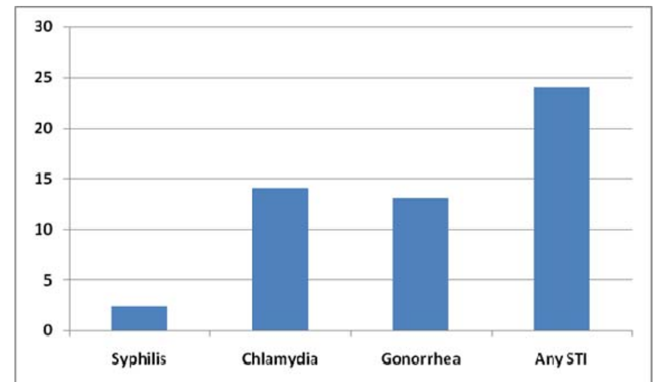
The Tracking Results Continuously (TRaC) survey, conducted by Populations Services International (PSI) in 2009 found that condom use among indirect FSWs varies depending on the type of partner [1]. Ninety-seven percent used a condom at last sex with a client, compared to only 63% who used a condom at last sex with a sweetheart.

In 2007, 18% of MSM and 32% of long hair MSM reported having had sex with a MSW in the last year [2]. Moreover, 27% and 44% of MSM and long hair MSM had sex with a client in the last year, respectively [2]. At the same time, 92% of MSM and 96% of long hair MSM reported the use of a condom at last sex with a paid male. Fewer MSM and long hair MSM reported using a condom at last sex with a male client: 79% of MSM and 90% of long-hair MSM.

Other sexually transmitted infections

The 2005 Sexually Transmitted Infections (STI) Survey found that STI prevalence among FSWs was also high: at least 24% of FSWs surveyed had at least one STI (Fig. 3) [8].

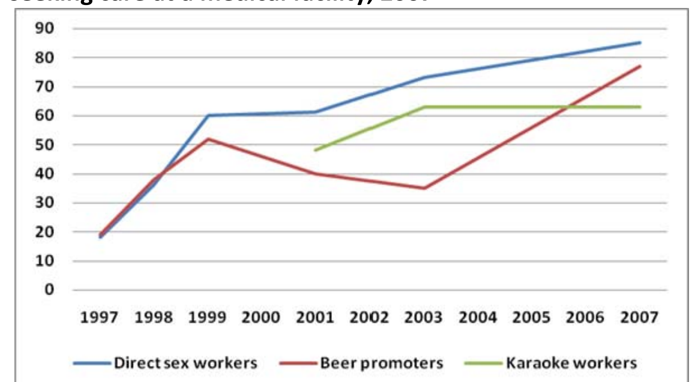
Figure 3. Prevalence (%) of STIs among female sex workers, 2005



Source: STI survey, 2005

No significant decline in STI prevalence was observed between 2000 and 2005. FSWs who had been selling sex for 12 months or less were significantly more likely to carry an STI than those who had been selling sex for more than a year. The 2005 STI Survey also revealed that, among FSW who reported ever having an STI: 88% sought care from medical facilities—especially public clinics (64%); and 47% continued to have sex during their last STI episode. Due to the availability of outreach programmes, direct sex workers show a greater propensity to seek STI treatment at medical facilities over time (Fig. 4).

Figure 4. Percent of female sex workers with STI symptoms seeking care at a medical facility, 2007



Source: BSS 2007

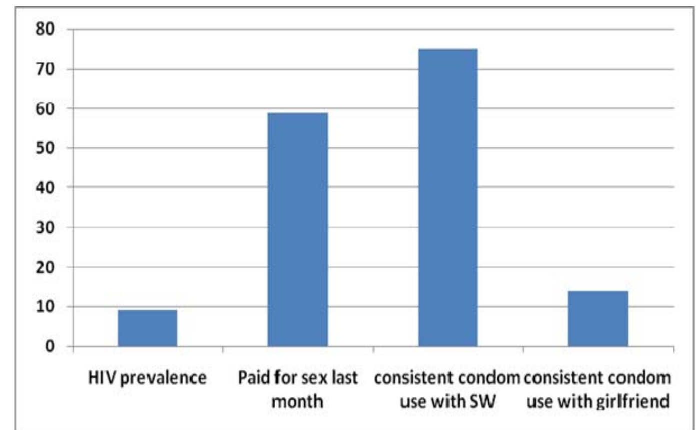
Clients

According to the BSS 2007, sex workers reportedly had a mean of 4 clients for the last working day [2].

In the Demographic Health Survey (DHS) 2005, men were asked about commercial sex [9]. Overall, 6% of men had engaged in paid sex in the last 12 months. The highest percentages were reported by men in Phnom Penh (15 %) and in Krong Preah Sihanouk/Kaoh Kong (10%) and among those with higher levels of education. Men between the ages of 20 and 29 were most likely to report having paid for sex than other age groups. Twelve percent of men in both urban and wealthiest groups reported having paid for sex. A survey conducted among ten population groups (n=3,848) in 4 provinces found that the percentage of men who patronized sex workers in the last 12 months ranged from 20-50% in high-mobility occupation groups (whereas in other population groups it ranged from 5-10%) [10].

A 2005 study among male clients of entertainment establishment-based sex workers in 3 provinces (Battambang, Bantey Meanchey, and Siem Reap) found that 9.2% were HIV positive (Fig. 5) [7]. According to the HSS 2006, HIV prevalence among FSW populatins in these three cities was: 20.6% in Battambang, 30.7% in Bantey Meanchey and 20.4% in Siem Reap [3]. Almost 60% visited a FSW one month before the survey, and 75% reported condom use with sex workers [7]. However, consistent condom use with their girlfriends was only 14%. Indeed, this differentiated behaviour should be a key consideration with regards to intervention programmes, particularly in the context of there being a 16% prevalence of STIs among clients. Notably, 54% of men surveyed reported seeking treatment for their last STI directly from pharmacies.

Figure 5. Selected data (%) on clients of female sex workers, 2005



Source: Leng BH, Detels R, et al, The role of sex worker clients in transmission of HIV in Cambodia. International Journal of STD & AIDS, 2005;15:170-174.

Moto-taxi drivers have been identified as a target group by the national program, and have been included in BSSs since 1997. BSS data in 2007 showed that 47% of moto-taxi drivers had had sex with a FSW in the last year. Additionally, nearly half of moto-taxi drivers reported having multiple sexual partners in the last year. Ninety-five percent reported condom use at last sex with a FSW, but only 16% at last sex with a spouse [1].

Violence, stigma and discrimination

Minimum packages of interventions promoting condom use and treatment of STIs are unlikely to prevent HIV in the long run unless the empowerment of sex workers and entertainment workers becomes a reality. This means, in addition to increasing participation of sex workers in programming, tackling structural barriers such as stigma and discrimination and promoting human rights are also required. A culture of violence has been persistent over the years in Cambodia. The 2005 DHS report indicated that more than one in five married women was a victim of domestic violence [9]. In a survey carried out in Phnom Penh in 2004 among a probability sample of more than 1,000 sex workers, over 90% of sex workers reported being raped at least once a year; the majority of these rapes were perpetrated by clients during the past year but one-third were gang-raped by police and another one-third by gangsters [11]. In fact,

the environment in which sex work takes place (one that involves the growth of gangs and violence) was deemed to be so unsafe that it compromises the sustainability of existing programs to achieve 100% condom use.

Drug use

A study by PSI also confirmed that 7% of indirect sex workers were injecting drugs; use of drugs was also frequent among their clients and sweethearts.

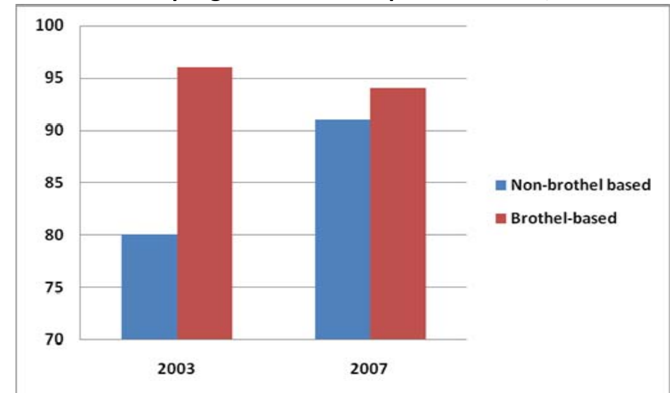
NATIONAL RESPONSE

HIV Prevention Programmes among Sex Workers – Coverage and Impacts

Cambodia has made progress in lower HIV prevalence. Factors contributing to this success are political commitment, a strong response from civil society and a wide range of activities by the Ministry of Health, including the 100 % condom use programme (CUP). The 100% CUP reportedly contributed to the decline in HIV prevalence in Cambodia. Piloted in 1998, the CUP has since expanded nationwide. It promotes consistent condom use for all types of FSWs and their clients.

Figure 6 shows that more entertainment establishment-based sex workers were reached by HIV prevention programmes compared to non-entertainment establishment-based sex workers. Sex workers below 25 years of age were somewhat less likely to be exposed to HIV-related education [1]. The 2009 TRaC Survey found lower levels of coverage – in that 75% of women working in entertainment establishments had been exposed to HIV programs in the last 6 months. The program included at least one of the following: peer education, family planning, HIV testing and counselling and STI services [1].

Figure 6. Percentage of female sex workers reached with HIV education programmes in the past 6 months, 2007

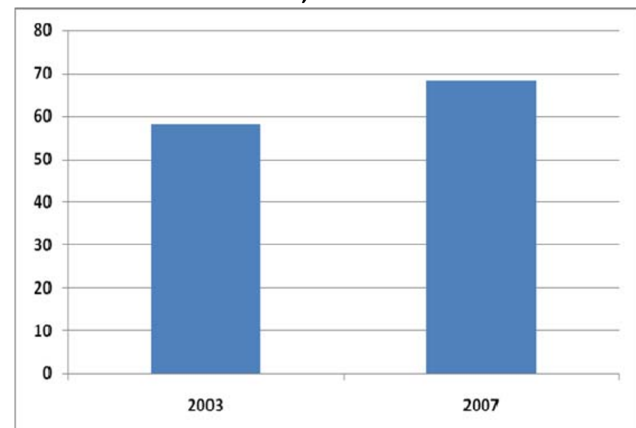


Source: National AIDS Authority, UNGASS Country Progress Report, Cambodia, Reporting Period January 2008 – December 2009, March 2010.

The combined efforts of the condom campaign, improved STI management, and outreach efforts have coincided with increases in consistent condom use among entertainment establishment-based sex workers with their clients.

According to the 2007 BSS, 68% of entertainment establishment-based FSWs had had an HIV test in the last year (Fig. 7). This figure was lower among non-entertainment establishment-based FSW: 41%, 67% and 50% of beer garden workers, beer promoters and karaoke workers, respectively. Among moto-taxi drivers, as proxy for clients of SWs, HIV testing was low: 20% had an HIV test in the last year, among whom 92% received the results [1].

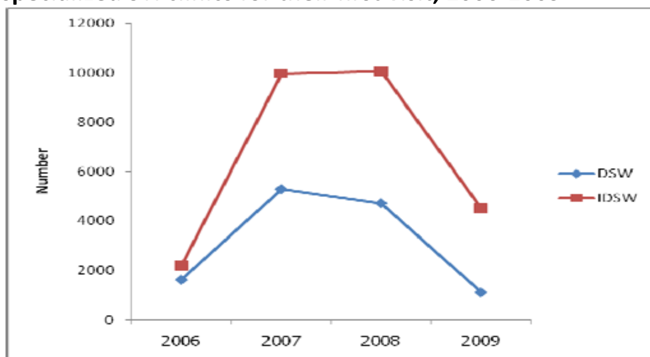
Figure 7. Percentage of female sex workers tested for HIV and who know their result, 2007



Source: BSS 2003 & 2007

Figure 8 shows a decreasing trend of sex workers (both direct and indirect) who seek treatment for STI symptoms with skilled personnel. The number of indirect workers who attended the clinics was about twice as high among indirect sex workers compared to direct sex workers in 2007 and 2008 and about 4 times higher in 2009 [12].

Figure 8. Number of female sex workers who attended specialized STI clinics for their first visit, 2006-2009



Source: National Center for HIV/AIDS, Dermatology and STDs, 2009, available at http://www.nchads.org/index.php?id=19

Policy environment

Sex work is not illegal *per se* in Cambodia, however the recently enacted *Law on the Suppression of Human Trafficking and Sexual Exploitation, 2008* has criminalized sex for money, public soliciting for prostitution and many forms of financial transactions connected to sex work. The law has been criticized for conflating sex work and trafficking [13] and for improper implementation leading to illegal detentions and physical abuses [14].

Notwithstanding the existence of legislation, there is often a disconnect between the law and conflicting policies, as well as a lack of coordination among government bodies and weak law enforcement. Despite whatever type of legal environment that exists, police and local authorities have been known to take punitive or more restrictive actions against sex workers based on outdated or unrelated laws and policies. Each of these issues acts as a barrier to HIV intervention programme implementation by making sex workers hidden for fear of being apprehended and by hampering their health-seeking behaviour.

HIV and AIDS Expenditures

There is still a great need to scale up HIV prevention programs, care and treatment and to empower sex workers. Many current interventions and multi-sectoral responses need to be expanded, at a time where financial resources are more limited.

About US$ 52 million was spent on HIV in Cambodia in 2008, 90% of which was funded by external funds [1]. HIV prevention continues to receive the largest share of spending, though it declined since 2006 to reach 39% in 2008. The percentage of HIV prevention spending on sex work programs was 5% in 2007 and 2% in 2008 (excluding the provision of condoms) of the total spending [1].

KEY ISSUES FROM THE DATA

The 100% CUP, despite its lack of empowerment of sex workers, has partly helped to reverse the HIV epidemic. However, the intensity and scaling up of prevention programme activities, including STI management and outreach outside of the major cities, has been slow. Table 3 compares most recent data on HIV prevalence, STI prevalence and condom use among provinces in which surveys covered all three indicators.

Table 3. Most recent data on HIV prevalence, STI prevalence and condom use at last commercial sex among entertainment establishment-based sex workers (direct sex workers), various sites

Province	HIV (2006)	Gonorrhea (2005)	Chlamydia (2005)	Syphilis (2005)	Any STI (2005)	Condom use at last commercial sex (2007)
Battambang	20.6%	12.9%	19.6%	6.7%	30.7%	99%
Kampong Cham	11.1%	6.1%	12.2%	1.7%	18.3%	
Phnom Penh	11.3%	14.3%	13.8%	1.6%	24.9%	
Siem Reap	20.4%	7.1%	15.2%	4%	20.2%	
Sihanouk Ville	26.7%	14.7%	12%	2.7%	21.8%	
Total	14.7%	11.9%	14%	3.2%	23.7%	

Sources: HSS 2006; STI Sentinel Survey 2005; BSS 2007

As has been emphasized by the National Program, the reach of HIV prevention programs will need to be extended beyond entertainment establishment-based settings to include free-lance sex workers and women working in a wide variety of entertainment establishments. Indeed, men have often been turned away from entertainment establishments and are increasingly seeking sex in non-entertainment establishment settings where consistent condom use remains very low.

The 2008 policy on the suppression of human trafficking and sexual exploitation has made almost all aspects of buying and selling sex illegal, including most forms of association with sex workers. According to several sex work organizations, closing the sex industry has only displaced sex workers and pushed them into the informal sector. The impact of this new legislation has not yet been fully established, but there is growing concern that the number of new infections among sex workers and clients may rise again.

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