

# Phase III: Gender, Power and Sex

## Strategic Impact Inquiry Research Summary

**The Context:** Cambodia, a post-conflict country, has the highest HIV prevalence in the region and its government has been proactive in combating the spread of HIV. Women, particularly sex workers, are vulnerable to HIV due to low rates of education, literacy, wages and social status. Gender-based violence (including rape) is prevalent and culturally accepted. As women migrate to cities, women have few income-earning opportunities and are made vulnerable to exploitation, abuse and trafficking.

**CARE Cambodia's SII:** To respond to the HIV epidemic, CARE Cambodia initiated the Sex Workers' HIV/AIDS Reduction, Advocacy, Facilitation and Empowerment Project (SAFE) from 2004 to 2007. SAFE worked with sex workers (SWs), entertainment workers (indirect sex workers, ISWs) and men who have sex with men in the provinces of Banteay Meanchey, Oddar Meanchey and Koh Kong to develop their leadership and confidence, reduce HIV risk and promote advocacy. To pursue its objectives, SAFE implemented:

- **Peer Education:** engage peer educators (PEs) to facilitate trainings on computer and vocational skills, HIV, and literacy.
- **Formation of Peer Groups:** provide space for workers to discuss HIV/AIDS.
- **Socials:** promote unity in community.
- **Advocacy:** inform government on rights issues facing SWs.
- **Service Delivery:** reproductive health, support for rights cases and technical assistance for saving scheme.

For the SII, CARE Cambodia team explored:

- How SWs view empowerment and their vulnerability to HIV;
- How SAFE understood gendered power relations and SW decisions
- How SAFE's empowerment of SWs reduced their vulnerability to HIV
- How programmatic and organizational processes affected the above questions.

**Methodology:** CARE Cambodia and an independent consultant led the SII study. Field staff participated in research design and data collection. Throughout the process, the team carefully considered ethical issues related to stigma and trauma in respondents' lives.

### RESEARCH DESIGN

- **Site Selection:** CARE staff identified two project sites for the SII (Poipet in Banteay Meanchey province and in Smach Meanchey in Koh Kong province).
- **Participant Selection:** Participants selected through convenience sampling

### DATA COLLECTION

- 101 Respondents
- **Document Analysis:** Reconstruction of project activities and implementation
- **Focus Group Discussions:** Perceived meaning of empowerment and vulnerability to HIV
- **Key Informant Interviews:** Context and HIV work insights
- **In-depth Interviews:** Project impact

### DATA ANALYSIS

- **Triangulation:** Data validation across methods, locations and researchers
- **Workshop:** Respondant reflection on and validation of study findings

### Limitations:

- Low response on quantitative research
- Difficulty accessing project documentation
- Access to sex workers for research
- Government crackdown on brothels has drastically changed SW context

The [Strategic Impact Inquiry](#) (SII) is a three year study that seeks to evaluate CARE's impact on women's empowerment. For CARE Cambodia's full SII report, please contact: [pqlibrarian@care.org](mailto:pqlibrarian@care.org).

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### Women's Empowerment:

#### AGENCY

Knowledge and action on rights, health risks/services  
Self-confidence and esteem  
Defend self from violence  
Economic security  
Ability to travel freely  
Ability and persistence to overcome obstacles  
Responsibility for one's HIV prevention, care

#### RELATIONS

Ability to fulfill traditional gender roles  
Respected by and respectful to others

#### STRUCTURES

Access to services

### Women's Empowerment & HIV Risk Information

- Information on condom use allows women to make safer choices.

#### Love, Trust and Familiarity

- Women trust partners and do not use condoms though many believe men to be promiscuous.

#### Marginalization

- When drugged or forced, women have unsafe sex with clients despite awareness of risks.
- Low education and poverty lead women to sex work and inhibit their choice of protected sex.

### Implications:

#### Broader Strategic Engagement

- Empowerment is an individual and collective process that is not linear and requires time and resources.
- Unequal gender relations are structural; CARE must work to orient institutions and engage men in order to address male privilege.
- Incorporate advocacy comprehensively into programs to address the context affecting HIV among SWs.
- Savings programs should build on existing practices, and be implemented systematically.

#### Supporting Groups: Inclusivity and Diversity

- The program should take an integrated approach that engages all key stakeholders.
- Programming must cater to the group's needs/context with sustained support.
- Solidarity building must recognize differences and tensions among women to advance sustainability.
- Peer Educators should be empowered to form groups and continue activities after SAFE.

#### Organizational Management

- The multiple dimensions of empowerment/HIV risk require long-term financing and staff development.
- Donor support and its disruption must be taken into account for sustainable programming.
- Staff and partners require training to understand CARE's empowerment approach and codes of ethics.

### Impact on Empowerment:

Agency	Structure	Relations
<ul style="list-style-type: none"> <li>Most impact on peer educators in terms of leadership, group agency, and rights awareness/activism</li> <li>More confidence, but women rely on bosses in rights cases</li> <li>More mobility for SWs/ISWs except for in cases of debt</li> <li>Solidarity among SWs/ISWs not developed sustainably</li> <li>Livelihood from savings/trainings had little impact due to time constraints, health problems and low income</li> <li>Lack of control over earnings because of debt</li> <li>SWs use STI services, though ISWs have less access to them. SWs find services inefficient and corrupt</li> <li>More knowledge on HIV prevention/protection</li> <li>SWs aware of condom importance (except with lovers)</li> <li>With economic security, SWs/ISWs can choose whether or not to have sex, but may suffer violence as a result</li> </ul>	<ul style="list-style-type: none"> <li>Violence including gang rape continue, as it is seen as a private affair along with stigma against sex workers</li> </ul>	<ul style="list-style-type: none"> <li>SWs/ISWs continue to be stigmatized by colleagues and friends, and some have internalized this stigma</li> <li>Engagement of local elites not sustained beyond project</li> <li>SWs negotiate for condom use with customers</li> <li>Sharing knowledge on HIV with community raised status of some women</li> </ul>