

# **STREET CHILDREN IN PHNOM PENH**

## **INFORMING HIV/AIDS PREVENTION STRATEGIES**

Final report

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## CONTENTS

LIST OF TABLES.....	3
ABBREVIATIONS .....	3
AKNOWLEDGEMENTS .....	4
1. SUMMARY.....	5
2. BACKGROUND .....	6
3. RESEARCH OBJECTIVE .....	7
3.1. Definition of "street children" .....	7
3.2. Definition of "risk" .....	7
3.3. Definition of "sex" .....	7
4. INTERVIEW PROCEEDINGS.....	8
5. THE STREET CHILDREN INTERVIEWED .....	11
5.1. Age.....	11
5.2. Gender.....	11
5.3. Time spent in the street and family ties.....	12
5.4. Limits of the research findings and a warning to the reader .....	13
6. SEXUAL ACTIVITY OF THE STREET CHILDREN .....	13
6.1. Number of children reporting sexual activity.....	13
6.2. Sex work and street girls .....	14
Reasons for leaving home .....	14
Reasons for becoming sex workers .....	14
Working conditions.....	15
HIV and STD knowledge and practice.....	17
"Husbands", boyfriends and privileged customers.....	19
Giving voice to the girls .....	20
6.3. The younger girls .....	22
Reasons for leaving home .....	22
Current methods of earning money .....	24
Limited options .....	24
HIV and STD knowledge.....	25
6.4. Street boys who have sex .....	26
Reasons for leaving home .....	26
Life in the street .....	27
Ways of earning money.....	28
Occasional sex work .....	28
Street boys and chosen sexual partners .....	31
HIV and STD knowledge.....	34
Giving voice to the boys.....	35
6.5. Street boys not currently having sex .....	38
Attitudes to sex.....	38
HIV and STD knowledge.....	39
Giving voice to the boys.....	40
7. THE WAY FORWARDS.....	41
8. LIFE STORIES.....	46
REFERENCES .....	5151
Annex 1. Oral Informed Consent.....	54
Annex 2. Interview Guideline.....	57

## LIST OF TABLES

Table 1 - Children sheltered by Mith Samlanh-FRIENDS. Age groups.....	11
Table 2 - Children sheltered by Mith Samlanh-FRIENDS. Sex ratio in each age group. ....	12
Table 3 - Street children interviewed. Age groups and gender.....	12
Table 4 - Time spent in the street and family support.....	12
Table 5 - Sexually active children by age groups and gender .....	13
Table 6 – Girls from 15 to 18 sheltered by FRIENDS. Reasons for leaving home .....	14
Table 7 – Sexually active girls. Relationship with family now .....	15
Table 8 - Girls. Number of customers per night .....	16
Table 9 – Girls. Type of commercial sex performed.....	16
Table 10 - Girls. Use of condoms in the sex work context .....	19
Table 11 - Younger girls interviewed. Family status .....	23
Table 12 - Girls aged from 11 to 15 sheltered by FRIENDS. Reasons for leaving home.....	23
Table 13- Younger girls. Present professions .....	24
Table 14 - Sexually active boys. Reasons for leaving home.....	26
Table 15 - SA boys. First sex partner .....	29
Table 16 - Boys in sex work. Type of sexual services performed.....	31
Table 17 - Boys. Use of condoms in the sex work context.....	31
Table 18 - SA boys. Use of condom with female sex workers.....	33
Table 19 - SA boys. Knowledge about STDs .....	35

## ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IMPACT	Implementing HIV/AIDS Prevention and Control
NGO	Non-Governmental Organization
PLHA	Person living with HIV/AIDS
SA	Sexually active
STD	Sexually transmitted disease
UNICEF	United Nations Children’s Fund

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## 1. SUMMARY

104 street children aged from 11 to 18 years old were interviewed in Phnom Penh in September-October 1999 about their daily life. Most of the children aged over 15 had left their family while the younger children were still living with their parents in the squatter areas. Poverty, the need to find a job and domestic violence related to alcohol or bad relationship with a step-parent are the main reasons why both boys and girls leave home. One third of the children reported sexual experience. The average age for first having sex was given as around 15.

Half of the girls were raped and/or sold in brothels. Being "rotten", they became sex workers and now support their family with a sense of family sacrifice. Among the 28 street girls interviewed, 11 had sexual experience. Nine were full-time sex workers in bars and karaoke clubs. Commercial sex transactions in these places are reaching brothel standards with an average of three customers per night and backrooms for commercial sex are available in some bars. The girls are informed about HIV infection and prevention but are less knowledgeable on STDs. They are willing to protect their commercial sexual services but only two girls say they always use condoms with their customers. The remainder "sometimes" use them but perform unprotected sex under pressure (violence, urgent need for money, rape when returning home from work).

Besides commercial sex, the girls interviewed had one or several boyfriends who they classified as husband, boyfriend or privileged customer. Sexual intercourse with the two first categories of boyfriends is usually unprotected because condoms are perceived in this context as a symbol of distrust and contempt. The younger girls who are not yet sexually active show the same backgrounds as the elder girls. They are however better informed about risks related to kidnappings and rapes when they work at night in the street. Most of them have heard about HIV and STDs but the infection process and prevention methods remain unclear.

Compared to the girls, the boys have a wider range of options regarding petty jobs. Among those options is occasional sex work - reported by 17 out of the 25 boys who identified themselves as sexually active in the interviews. Boys without family or adult support, and boys living with peer groups in particular parts of Phnom Penh, are more at risk of accepting commercial sex because both the opportunities and the levels of peer pressure are higher. But the overwhelming problem encountered by the boys in terms of ability to refuse commercial sex is their vulnerability to robbery with violence. When they are broke they urgently need extra income and so accept customers. They are often powerless in negotiation regarding the kind of sex service to be provided and the potential use of condoms. 13 boys out of the 17 never or rarely have protected penetrative sex in this context.

Two thirds of the boys are themselves customers of female sex workers. Because of national awareness campaigns which have focused on female sex workers, the boys usually use condom when they go to brothels and perceive sex workers as high risk partners. Besides female sex workers, the boys have few opportunities to find girlfriends. A quarter of the sexually active boys therefore

develop privileged relationships with female sex workers. In this case, they don't perceive themselves and are not perceived as typical customers and usually don't use condoms when penetrative sex occurs. The younger boys not currently having sex still enjoy the relative protection of their families, which is a prevention factor when it comes to occasional sex work but a certain number of them will probably leave their family in the future.

The older, sexually active boys are less knowledgeable and show less willingness to be further informed about HIV because this is a frightening matter to them. They often focus on minor routes of infection such as razor cuts or wounds because these routes make sense in their daily lives. They also focus on vaginal penetration with sex workers and are far less aware of the risk associated to their own practices as sex sellers. They are however better informed on STDs by personal experience or by friends' descriptions.

## **2. BACKGROUND**

The exceptional situation of children in Cambodia due to the long period of war, isolation and chaos has made life difficult for the most vulnerable. In Cambodia the increasing number of people living in the street is a direct result of the country's recent history and the present uneven economic and political development and lack of capacity to respond to basic human needs.

Cambodia is suffering from the most serious HIV/AIDS epidemic in Asia. The epidemic is caused mainly through sexual contact. Recent national estimates suggest that about 180,000 people from an overall population of approximately 11.2 million have been infected with HIV. The homeless population of Phnom Penh is assumed to be a particularly vulnerable group because of the constant stress its members endure just to survive. The perceived risk of getting infected with a virus that will only make them ill several years later may be less than that of being injured in street fights or dying of hunger or sickness today. Their social circumstances further put them more at risk of STD/HIV infection than the circumstances of other population groups: street children are a mobile population group, often separated from their families, and demonstrate high rates of alcohol/drug consumption and unsafe sexual practices. Moreover, among homeless population groups, the provision of commercial sex services is a not infrequent means of acquiring income. The combination of the above can lead to sexual behavior typified by a high number of sexual partners, possibly commercial sexual partners, and/or unprotected sex.

A homeless or street child selling sexual services is a common event in Phnom Penh, although the frequency of such events and the type of sexual services performed is unknown. Anecdotally, when a man goes out in the parks after dark children offering sex for money frequently accost him. There do not appear to be any pimps involved as the children are soliciting directly. While the children may not understand the implications of their sexual activity they need money for food and for their glue-sniffing habits.

An accurate census of the homeless or street population in Phnom Penh has yet to be carried out. Depending on the definition and according to the figures

accepted by UNICEF, there are between 600 to 1,000 street children who have completely cut ties with their families and have made the streets their home and 10,000 street children who have kept ties with their family and return home either regularly or irregularly. Most of the street children in Phnom Penh have a base in the big squatter area in the Tonle Bassac part of town called "Building".

The need for qualitative research was identified in recognition of the HIV risk in vulnerable populations, the fact that some street children sell sex for money, and the need to move the HIV/AIDS awareness program from an information giving program to a targeted behavior change program.

### **3. RESEARCH OBJECTIVE**

The objective of this qualitative research is to develop a better understanding of the reality of the lives of street children in Phnom Penh, particularly with respect to HIV risk, in order to design appropriate HIV/AIDS intervention activities. These interventions will build upon the ongoing activities of local NGO Mith Samlanh-FRIENDS.

#### **3.1. Definition of "street children"**

The wide Mith Samlanh-FRIENDS definition of "street children" was adopted for the study: children up to 18 years old who *spend most of their time in the street, whether or not they return to a family setting on a regular or irregular basis*.

#### **3.2. Definition of "risk"**

In this research, "risk" regarding HIV/STD infections means i) direct risk e.g. sexual practices/partners that increase risk of being HIV infected and ii) indirect risk e.g. situations or activities that increase the probability of having unprotected sex. This definition implies that children who are not yet sexually active could be at high indirect risk.

#### **3.3. Definition of "sex"**

Anthropologists consider sexual practices as an activity socially and culturally defined and shaped in each society. It is shaped by complex factors such as, among others, body perceptions, gender identities and kinship systems. What is sex and what is not, what should be sex and what it should not be changes from one society to another and from one social group to another.

One of the objectives of this research was to develop an understanding of the children's own categories of sex and sexual partners. Therefore the interviewers did not impose any definition of "sex" on the children and did not focus on sexual activities in interviews. They rather focused on the wide range of children's potential sexual partners or potential sexual assailants who the children may meet in various situations and at various moments in their daily lives. These potential partners were named according to the words usually used by the children themselves (e.g. male friend/female friend, girlfriend/boyfriend, customer, female

sex worker, etc. See Annex 2. Interview guideline). The children were invited to describe relationships with each potential partner whatever those relationships involved (friendship, love, mutual help, distrust, sexual attraction, violence, sexual service, other commercial services, etc).

However, a second aim of the research was to assess the risk involved in the children's sexual practices regarding HIV and STD infections. It implied a definition of sex drawn from epidemiological categories (penetrative sex/non-penetrative sex). For each potential sexual partner :

- i) the children were asked if they "had sex" with them. The word used was a generic term ("room phet" or "room reak") which literally means "meetings of genitals" but which often implies penetration.
- ii) the children were provided with a description of various sexual practices and asked if they practiced them. This occurred in an informal manner and questions were adapted to the children's own sexual experience.

#### **4. INTERVIEW PROCEEDINGS**

From September 28 to October 21, 1999, 104 street children completed interviews in Phnom Penh. All of them were at that time "street children". Half of the children in the sample were asked to participate in the research when they went to the Boarding House - a Mith Samlanh-FRIENDS center open during the day where boys over the age of 14 can have a rest, wash their clothes and have meals and medical services after their night work - or when they went to Club Friends - where boys and girls of all ages can entertain themselves in the playground, have a shower and a meal, and receive medical services and medical education. The second half of the children were met in the street at night or during the day, and asked to drop in at the Club Friends the following day.

Interviews were performed by two teams, each of which was composed of an anthropologist, a social worker from Mith Samlanh-FRIENDS and a child rights advocate. Then, when the interviewers became more familiar with the children and if the children felt comfortable, the social worker did not attend the interviews.

The Khmer-speaking anthropologist conducted the interviews with the assistance of the social worker who was the most experienced regarding the children's mental and social world and personally knew most of them. He/she helped in introducing the research team and ensured that the children felt confident during the meetings.

The FHI Protection of Human Subjects Committee meeting of August 25, 1999 recommended that a child rights advocate be in the room during the interviews. His/her role was to monitor whether or not a child felt comfortable, to stop a question/to terminate the interview if necessary and to ensure that the child's interests and needs were paramount. He/she could overrule the child's consent if he/she felt that the child was uncomfortable or felt pressured. The advocates were recruited from three Cambodian ministries/organizations (namely the Ministry of Social Affairs/Children Welfare Department, the Cambodian National Council for Children and the Bar Association of the Kingdom of Cambodia). Two of them

were lawyers, one was a medical doctor and the last was a former social worker with some work experience with female sex workers.

Due to the Cambodian cultural context, it was assumed that girls would be more at ease with a female team. For the boys, the research team was mixed but they could choose a male child rights advocate if they preferred. Only one or two boys opted for this arrangement.

Special attention was given to child rights issues, in accordance with FHI policy. Interviews were performed in a separate room to ensure confidentiality. A (pretested) Oral Informed Consent Form (see Annex 1) was read by the anthropologist. It explained in detail the purpose of the study; the part taken by the child in the study and the questions which would be asked of him/her; as well as his/her rights (the right to confidentiality, the right to decline to answer a question, the right to stop the interview, and the right to help from the child rights advocate). A copy of the form was given to the child so that he/she could read it at the same time as it was read aloud. He/she was also given a list of contact persons who could offer further explanations about the study, including the address of his/her child rights advocate. The interviewer made sure that the child fully understood the form. Additional explanations were often provided by the interviewer as well as by the social worker and possibly by the child advocate. This took from 15 to 30 minutes each time.

On these occasions tea, cakes and fruits were served, informal discussions took place and the tape recorder was shown to the child (and extracts from previous interviews sometimes displayed) in an attempt to demystify the process proposed and to reduce the child's potential anxiety. Then he/she was asked if he/she agreed to participate. If the answer was yes, the consent form was signed by the child, the interviewer and the witness (the advocate).

Semi-structured interviews with the children lasted from half an hour up to more than one hour depending of the willingness of the child to elaborate his/her answers. The guideline included questions about their biography, their daily life and their sexual life (see Annex 2). However, the guideline was never read nor shown to the children: the interviewer knew it by heart and respected the children's own logic. All discussions were recorded and then written down. Tapes were finally destroyed in order to ensure the children's confidentiality.

Every field research inevitably encounters its own difficulties and related bias in data collection. The critical point is therefore to identify these issues and to analyze the way in which they could alter the findings.

i) Difficulties related to the subject of the research:

Some children felt embarrassed when speaking about their jobs, their low educational level and their emotional and sexual life. Efforts were made to help the children feel more comfortable: they usually understood and appreciated that they could be of great help in designing a future prevention program for the benefit of street children, and often showed a willingness to contribute their personal experience and opinion. They were also reminded that sex was a natural and important part of the life, that the research team

had its own sexual life and would not be shocked by any detail provided by the children. This empathic environment was of great help. However, the children's sexual activities were certainly under-reported.

ii) The presence of the child rights advocates:

This was an issue intensively discussed by all the persons involved in the preparation phase of the research. It was feared that the children might feel embarrassed if asked to answer questions about his/her private life in the presence of adults with whom he/she was not familiar and in whom he/she was not confident. Various options were reviewed but the presence of the child rights advocates was considered the best option for ensuring effective and independent protection of the children's rights. The participation of the advocates had positive as well as negative aspects:

- In general, the children<sup>1</sup> appreciated that efforts were made to respect them as individuals. They were sensitive to the fact that "white collars" from Cambodian ministries and other organizations - with whom they usually have no relationship - sat down on the ground with them, share tea and bananas, and listened to them. They were also interested in the concept of child rights which was new to the great majority of them.
- The advocates in return learnt a lot from the children and became more familiar with their daily problems. This will certainly help to reduce the social distance between the advocates and their potential customers. Their participation was a valuable experience and good training for the development of child rights advocacy and specialized legal services in the future in Cambodia.
- However, interviews attended by only two adults (usually the interviewer and the advocate<sup>2</sup>) clearly showed better outcomes: the children spoke more freely, they stayed longer and were more willing to elaborate their answers.

iii) Three children refused to participate or stopped the interviews :

In one case, the child was an ethnic Vietnamese and was possibly afraid of being caught by immigration control. Another child stopped the interview because he was worried about being late for lunch (offered in the center where the interviews took place). In addition, two girls expressed concern about radio broadcasting of the tapes. They gave their consent when they were assured that the research team had no connection with journalists, and that the tapes would be destroyed at the end of the study.

Due to the research constraints and its sensitive subject, the children certainly under-reported their sexual activities (frequency, type of partners). In addition, they certainly minimized the rate of unprotected sex because they knew the objectives of the research and could have been willing to give the "right" answer e.g. the answer that they thought was expected from them.

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<sup>1</sup> Especially the older children. The younger ones appreciated cakes, tea and games played with the research team.

<sup>2</sup> In a few cases, the advocates had to cancel their appointment while the children were already waiting in the room. The interviews were performed by the interviewer and the social worker with the children's consent (it must be remembered that all the children worked and did not have much time to spend with the interviews or waiting for a third person).

## 5. THE STREET CHILDREN INTERVIEWED

The sample of the children recruited for the interviews was designed to reflect the real demographics of Phnom Penh's street children.

### 5.1. Age

As mentioned previously, the demographics of the street children are poorly documented. The latest figures from UNICEF<sup>3</sup> mention that "all ages are represented among street children. Smallest are with their parents". Former surveys carried out in the early 1990s show that the children are very young but they should be taken with caution because the reports provide no information about the research proceedings. In a study conducted by the Phnom Penh Municipality (N = 280 children), 70% were under 10 years old. In another survey<sup>4</sup> in 1993, 86% were under 13 (N = 84, Phnom Penh and Battambang). *Children without any family support* are usually elder. Data from Mith Samlanh-FRIENDS<sup>5</sup> shows that only 6.5% of the children are under 11 and 26% are under 15, while the 15-18 age group represents 56% of the street children (see Table 1 below).

**Table 1 - Children sheltered by Mith Samlanh-FRIENDS. Age groups.**

AGE GROUP	%
< 11 YRS	6.5%
11-13	8%
13-15	12%
15-18	56%
19-23	17%
NA	0.5%
Total (N=490)	100%

In this study, due to the recommendations of the FHI Protection of Human Subjects Committee meeting of August 25, 1999, recruitment was restricted to children over 11 years old. 104 children were recruited aged from 11 to 18 years old. *Ages are represented in equal proportions e.g. approximately 15 children of each age* (see Table 3 below).

### 5.2. Gender

The general male-female ratio among street children is not precisely known. The report from UNICEF previously mentioned only says that "there are more boys than girls. Girls are easily trapped into brothels". The Childhope survey previously mentioned refers to a 26%-74% split<sup>6</sup>. Data from Mith Samlanh-FRIENDS show a 16%-84% split (among children without any family support at all), although this

<sup>3</sup> *Children in Need of Special Protection. Situation Analysis - 1999 UPDATE - Street children (only children who are also sleeping in the street)*, Phnom Penh, UNICEF, p. 1.

<sup>4</sup> *The Life of Street Children in Cambodia: The Situation of Children Without Support in Urbanizing Areas in Cambodia*, CHILDHOPE Asia in cooperation with UNICEF, Jan. 1993, p. 5.

<sup>5</sup> Children sheltered at the Residential Center from 1995 until 1999. N = 490.

<sup>6</sup> *The Life of Street Children in Cambodia, op. cit.*

alters from one age group to another (when they grow older, girls "disappear" from the street).

**Table 2 - Children sheltered by Mith Samlanh-FRIENDS. Sex ratio in each age group.**

AGE GROUP	F	M	Total
< 11 YRS	32.5%	67.5%	100%
11-15	28.5%	71.5%	100%
15-18	11%	89%	100%
>18	12%	88%	100%
NA	50%	50%	100%
Total	16%	84%	100%

From 1995 to 1999. Residential Center and Training Center.

It seems, therefore, that a girls/boys ratio of between 1:3 and 1:4 is reasonable. *In this study, the girls/boys ratio falls within the 1:3, 1:4 range (27%-73%).*

**Table 3 - Street children interviewed. Age groups and gender**

Age groups	Number			% of age group for boys and girls		
	F	M	Total	F	M	Total
11-13	7	20	27	25%	26.5%	26%
13-15	6	25	31	21.5%	33%	30%
15-18	15	31	46	53.5%	41.5%	44%
Total	28	76	104	100%	100%	100%

### 5.3. Time spent in the street and family ties

Street children experience various situations regarding time spent in the street and ties with family depending on their gender and their age group (see Table 4). Girls over the age of 14-15 have a particular situation insofar as they no longer spend most of their time in the street and have usually resumed a relationship with their family. They were however included in the sample because i) they still have connections with street people (boyfriends, neighbors in the squatters areas, female friends) and ii) their lives foreshadow those of the younger girls.

**Table 4 - Time spent in the street and family support**

Gender/age	Girls	Boys
Under 14-15	- Work in the street during the day - With family at night (squatter areas)	- Work in the street during the day - <i>With family at night (squatter areas)</i>
Over 14-15	- Night work in bars/day in squatter areas or in the street - Tie with family resumed (girls support their family)	- <i>In the street all the time. Some rest at the Mith Samlanh-FRIENDS Boarding House.</i> - No ties with family

#### 5.4. Limits of the research findings and a warning to the reader

Efforts were made to recruit children from various backgrounds and various places in Phnom Penh in order to get the broadest insight possible into their world. The findings outline general trends in the sexual life of the street children based on their own perceptions of it. However, due to the small number of children interviewed in each sub-group and the possible bias in street children recruitment towards those street children already involved with Mith Samlanh-FRIENDS, the results can by no means be extended to the whole population of the street children. For example, the fact that the great majority of the girls interviewed who were over the age of 15 are sex workers does not mean that "all the street girls are or will become sex workers". Furthermore, assertions such as "17 boys out of 25 report occasional sex work" should not be read as "68% of the street boys are sex workers". And results about customers of the street boys should not lead to the misunderstanding that "all customers are male Westerners" or even that "all male Westerners are customers". The readers are invited to keep those limits in mind when reading the report.

## 6. SEXUAL ACTIVITY OF THE STREET CHILDREN

### 6.1. Number of children reporting sexual activity

More than one third of the children interviewed (34.5%) reported that they are already sexually active (see Table 5). For both sexes, the first sexual intercourse tended to occur at around the age of 15 (15.36 for the girls and 15.45 for the boys). But the boys begin their active sexual life more gradually than the girls do: none of the girls under 15 reported sexual activity while 16% of the boys did. On the contrary, all the girls over 17 were sexually active compared to only 80% of the boys.

The sexual behaviors of the street children relate to their specific ways of life and the socio-economic problems they encounter. There are also related to gender and to values and beliefs shaped by Cambodian culture. That is why, in this report, we will concentrate on four sub-groups: girls with/girls without sexual experience, and boys with/boys without sexual experience.

**Table 5 - Sexually active children by age groups and gender**

Age groups	Gender	No sexual activity	Yes sexual activity	Total	% of children reporting sexual activity in each age group
11-13	F	7	0	7	0 (*)
	M	20	0	20	0
13-15	F	6	0	6	0
	M	21	4	25	16
15-18	F	4	11	15	73.5
	M	10	21	31	67.5
Total	F	17	11	28	39.5
	M	51	25	76	33

(\*) Read : 0% of the girls under 11 report sexual activities.

## 6.2. Sex work and street girls

### *Reasons for leaving home*

To some extent, the reasons given by the girls for leaving home were similar to those given by the boys: *their parents were too poor* and could not support them anymore (4 cases) or *they felt bad at home* (3 cases) because of *domestic violence* caused by an alcoholic father or bad relationship with a stepmother. However, the "sexual factor" e.g. *having sex before marriage* either freely (with a boyfriend) or under pressure (the girl was sold or raped) featured heavily. This is consistent with reasons given by the girls sheltered by Mith Samlanh-FRIENDS (See Table 6).

**Table 6 – Girls from 15 to 18 sheltered by FRIENDS. Reasons for leaving home**

Too poor/had to find a job	13
Domestic violence/alcohol problem	6
"Sexual factor" (forced marriage, sold, sex before marriage)	5
Did wrong/argued with parents	3
Bad relationship with stepmother	1
Other	2
Total	30

### *Reasons for becoming sex workers*

Girls who cite the "sexual factor" for leaving home say that, after having sex, they felt ashamed and didn't dare to go back home. Without family support and shelter, it is common for such girls to quickly make new female friends or to meet with people who take them to bars and possibly to brothels. This is especially the case for girls coming from rural areas to Phnom Penh.

Full-time sex work is the main activity of the street girls over 15 years old. Among the 11 SA girls interviewed, all work in bars and karaoke clubs ("srey bars"). Nine of them are commercial sex workers. The two remaining girls say they don't have commercial sex but one of them chooses her boyfriends from among the customers. Other girls could probably be found in bulk in brothels. It was almost impossible to meet with 15 to 18-year-old street girls who earned their living in another way<sup>7</sup>. Moreover, *the first sexual intercourse was usually performed in the sex work context (7 out of 11 girls)*, either voluntarily or under pressure. *And two more girls were raped* when they walked in the street at night.

It is important to understand that the girls, although socially stigmatized as street girls and sex workers, still respect Cambodian values regarding gender roles:

i) Unlike the boys, they often *resume relationships with their family* after a period in which they first vanished into the sex work network and then reappeared (see Table 7). However, ties with their family don't prevent them from carrying on

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<sup>7</sup> Only one girl was found living in the street by herself. She was 15 years old and highly addicted to glue. She did not come to the interview. One 18-year-old girl was met at night in the street. She was a beggar, living in the street with her sick mother and younger siblings. Some boys told us that a few of their friends had "wives" among the street girls but none was found during the field research phase.

with sex work. On the contrary: five of them are either important or the main income providers within their families.

**Table 7 – Sexually active girls. Relationship with family now**

Relationship with family	Number
Lives with family/relatives or supports family/relatives	5
Frequent visits	1
Infrequent visits ("sometimes")	4
NA	1
Total	11

ii) For the girls who support their family, commercial sex is perceived as a *family sacrifice*. As a matter of fact, the majority of the girls (9 out of 11) are the eldest or the second child among their siblings and are therefore held to be – and hold themselves to be – responsible for supporting them. There are also indications of indirect family pressure on the girls: while they usually take the "moral fault" for performing sex before marriage on their own shoulders (as part of the sacrifice they must make for the family), their parents also often know what their jobs are.

Commercial sex is, in some cases, perceived as the only real economically viable option available to the girls because of family poverty. In some cases however, it is also seen as a less degrading activity than less well paid 'jobs' such as begging, collecting waste or even working as a servant. The SA girls interviewed were cleaner, better dressed and behaved more politely in terms of manners and expressions than other street children.

iii) *Virginity* is of great social importance for a Cambodian wife-to-be. If a woman is found to have had sex outside of marriage she is often referred to as – and will refer to herself as – "rotten" ("khoch"). The likelihood of finding a husband is seen as poor and, if she comes from a poor family, a woman may often not feel that she has many options for survival other than sex work.

In conclusion, the process of entering into sex work for the street girls is as follows:

The girl has sex before marriage (either with a chosen non-paying or paying partner, or through rape or sale to a brothel).

She is then "rotten" and cannot expect a 'normal' wedding.

She accepts her role as performing a sacrifice for the good of the family, and also accepts the moral fault for her 'social unacceptability'.

Her parents accept her work (or may have been involved in introducing her to the work, by selling her to a brothel).

The girl continues to sell sex in order to support her younger siblings.

### ***Working conditions***

The girls interviewed work in bars or karaoke clubs. They prefer these places because they say they have more freedom there than in brothels where some of them have previously had bad experiences. Having experienced this freedom, the few who had in the past attempted to participate in NGO social rehabilitation

programs said they could not adapt themselves to these programs because of the personal discipline required.

Relationships with the bar/karaoke club owners seem good. The girls say they are free to work in the bars without being charged. They can come in and out as they want and usually work in two or three different places in one night, looking for customers. The three girls interviewed who work in karaoke clubs get a salary, from \$20 to \$40 a month. The girls stay at the clubs until 1-2 am and sometimes spend the whole night with a customer in a hotel room. They then rest during the day – either at home with their family or in rooms which they rent with their peers.

Each bar/karaoke club attracts male customers from a specific social background: Chinese and Cambodian businessmen and officials, other Asian men, high school students or Westerners. The interviewees report from one to six customers for sex per night (see Table 8). This high number of customers per night seems to be a new trend in the freelance commercial sex industry insofar as it is similar to or even higher than customer numbers within brothels. Moreover four girls reported having commercial sex in backrooms at bars and karaoke clubs, suggesting that the usual distinction made by prevention programs between direct and indirect sex workers is less and less valid.

**Table 8 - Girls. Number of customers per night**

Number of customers/night	Number of girls
None	2
1	2
2 to 3	3
4 to 6	3
NA	1
Total	11

As shown in Table 9, most customers want to perform vaginal penetration. Anal sex is less frequent but does occur and may be under-reported by the girls. Oral sex is also frequently performed by the girls. A minority of customers only require masturbation.

**Table 9 – Girls. Type of commercial sex performed<sup>8</sup>**

Sexual services performed (range following potential risk)	Number of girls (out of 8)(*)
Anal penetration	2
Vaginal penetration among other services	4
Vaginal penetration only	4
Oral sex (girl active)	3(**)
Oral sex (customer active)	1
Masturbation (girl active)	2

(\*)One girl did not want to elaborate on this subject. Total is more than eight because each girl performs more than one kind of service.

(\*\*) In at least one case, with ejaculation in the mouth and swallowing of semen. The two other girls did not elaborate.

<sup>8</sup> The girls could have under-reported anal and oral sex which are not well perceived in the Cambodian society.

### *HIV and STD knowledge and practice*

It comes as no surprise that the SA girls are the *most knowledgeable among the street children interviewed on the subject of STDs and HIV* and express *more willingness than other children to obtain further information* about it. They are reluctant to be put in the same category as brothel-based sex workers (who have been the target of most STD/HIV national awareness campaigns) because they enjoy a better social status. However, they perceive themselves as sex workers and often label themselves as "srey khoch" ("broken women" or "bad women", a derogatory phrase used for sex workers) or say "knom rok see phlov pheth" ("I am a sex worker", a neutral neologism built on the English phrase). As professional sex workers, they understand that they constitute a high risk group regarding STDs/HIV infections.

All of the SA girls interviewed had heard about HIV and knew at least that transmission occurs through unprotected sex with a seropositive partner<sup>9</sup>. Four could describe two modes of transmission while only one described all three modes<sup>10</sup>. Some of them also *knew that the sero-status is not physically noticeable* and must be checked through a blood test. However, *this point remains unclear* and the girls often associated HIV infection with symptoms such as diarrhea, weakness, thinness and skin diseases. They obtained their knowledge in various ways, including via Mith Samlanh-FRIENDS staff, physicians or posters. Moreover, at least three of the girls said they knew friends or neighbors who are HIV positive and who show symptoms.

Six girls (out of 10 ; one NA) expressed a willingness *to know their sero-status*. Four of them had had a blood test already. Although the interviewers did not ask questions about personal sero-status, one girl told them that she was afraid that she was infected although she could not read for certain the result of the test, carried out by the Pasteur Institute and provided in English, and had obtained contradictory translations from friends.

*However educational programs regarding STDs have clearly been less successful.* Most of the girls obtained their knowledge through personal experience or through the experience of their peers. All of them had experienced vaginal discharge (sometimes associated with fever). Three had had unspecified vaginal infections and two had suffered from "syphilis" and "crete de coq". When asked if they could name and/or describe other STDs symptoms, the girls showed no greater knowledge than that held by most Cambodians: "syphilis" ("svay" or "svay kraap" which is a broad term for various Western STDs and other diseases<sup>11</sup>) was mentioned by seven girls out of 11 (four had learnt about it from friends). Four girls knew about "crete de coq" and only one spoke about gonorrhea.

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<sup>9</sup> One added "from sex workers to customers". Another said that "wives must use condoms with their husbands".

<sup>10</sup> In addition, two girls see manicure scissors as a way of infection. This is a widespread belief in Cambodia.

<sup>11</sup> Maurice EISENBRUCH, *Doctor Hansen and the Crouching Mango: STD and HIV/AIDS*, Technical Discussion Document for National AIDS Review, Phnom Penh, May-June 1997, 24 p.

As a result of this high awareness of HIV infection risk, all the girls say they are unwilling to have unprotected sex in the sex work context<sup>12</sup>. However – and this is a common finding in KABP research all over the world including Western countries – the interviews showed a wide gap between theoretical knowledge and actual practice.

Six girls (out of 11) report bad experiences with customers in bars and karaoke clubs, not to mention bad previous experiences in brothels. Five were severely beaten by customers because the customers were drunk and/or because the girls were reluctant to implement some kind of sexual service, including unprotected sex. Three girls were raped when they left the bars at night (the rapists were policemen several times, and a "bang thom" gang once) or, in two cases, when they went with a customer to his hotel room. The men's friends were waiting at the door of the room and the girls had to have sex with them against their will. Another girl escaped her rapists by asking help from policemen ("*but not all policemen are helpful*", she added).

Who are the violent customers? In which situations do violence occur? Generally speaking, the interviewees point to *teenagers and school students*. Their violence is intensified by peer pressure and their taste for collective sex. Elder men are perceived as kinder, richer, more generous, and less demanding in terms of their sexual requests. The site at which commercial sex is performed is also an important factor regarding violence. Customers are usually offered the choice of either taking the girls to a room in a hotel/guest house or of staying in a backroom at a bar or club. They usually prefer hotel and guesthouse rooms, but violence occurs more frequently in such places because the girls are taken out of what might be a more protective environment.

At the end of an evening, if the girls cannot find customers to spend the rest of the night with, they go back home alone. This potentially increases the risk of being raped (two cases of such rapes were reported in the course of this research). This risk decreases when a boyfriend or a "husband" comes to meet the girl to escort her back home (one case). One girl also reported being offered a shuttle service to and from home by the bar/club in which she worked.

The psycho-social factor is important in understanding the behavior of the girls and their customers in the sex work context. Women's identity and related roles and behaviors in Cambodian urban society are centered on passivity and victimization, especially in their sexual life. Girls perceive themselves as, and are perceived as, feeble and powerless. This has consequences for their behavior, examples of which appeared clearly in the interviews with the girls: as mentioned above, half of the girls had their first sexual experience under direct pressure (three were sold to a customer and two were raped) but they express a sense of fatality when then describe this. In terms of their commercial sexual activities, they present themselves as passive; powerless to protect themselves from violence. This is very different from the manner in which the boys speak about their sexual life, and about sex work. The sense of powerlessness in terms of safe sex negotiation,

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<sup>12</sup> This claim could be biased because the girls knew the purpose of our research and therefore knew what was the "good response".

combined with widespread violence regularly inflicted upon the street children, it is not surprising to learn that unprotected sex is frequent.

Half of the girls interviewed claimed that they always use condoms in the sex work context. However, Table 10 shows that only two (out of nine) actually do so in practice.

**Table 10 - Girls. Use of condoms in the sex work context**

Use of condoms		Number of girls	Number of girls
"Always"	Clients always agree with condom use (spontaneously or after negotiation)	2	5
	Some/a lot of clients pressure me to have unprotected sex (pressure including the use of violence)	3	
Sometimes	I must accept unprotected sex because of violence	3	4
	I accept unprotected sex because of money	1	

### ***"Husbands", boyfriends and privileged customers***

Four girls have "husbands". However this doesn't necessary mean that they are officially married by usual Cambodian standards. One of the biggest differences is that they chose their husbands themselves while traditionally a husband is chosen by a girl's family. For the street children, having a "husband" or a "wife" means that the two people involved love each other, live together and are faithful to each other – this is at least true for the "wives" and possibly for the "husbands"<sup>13</sup>. Husbands are also usually from the streets or from the Bassac area of Phnom Penh, home to a large squatter community. But one girl met her husband in the bar where she worked.

Husbands provide support to various extents: one girl complained that her husband relies too much on her while she still has to support her own siblings. They argued a few days prior to her interview and she ran away, wandering in the street and asking for shelter from her peers. On the other hand, another girl met her husband when she was sitting at the riverside and wanted to commit suicide. He helped her a lot and she is happy with him because she is *"100% confident in him"*. He waits for her every night in front of the karaoke club at which she works, protecting her on the way back home.

These marriages don't seem very stable however: one girl "divorced" and "married" again. One had left her husband just a few weeks before being interviewed (but said she thought they would make it up). Another said that she

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<sup>13</sup> None of the boys interviewed were "married".

suffers domestic violence (to an unknown extent). The girls seem to have few dreams of marriage changing their lives; they don't expect or hope to marry a man with money who perhaps could help them leave sex work. However, one is waiting for her Thai boyfriend to come back to Cambodia and marry her – he worked in Phnom Penh for a while in an NGO and, when he left, promised to return so they could get married. That was a year before she was interviewed for this research, and she is still waiting for him ...

Sex with husbands as well as with boyfriends are perceived as "*normal*" ("thomada") *sex*, namely vaginal penetration. ***Condoms are not used in this context.*** "Abnormal" sex and condom use is clearly kept for customers.

They are various categories of "boyfriends" ("sangsar"). Some are sweethearts whom the girls truly love. However they are usually from a higher ***class and, therefore, there is no hope for marriage.*** Some are high school pupils (two cases). The girls and their sweethearts don't live together and are not necessarily faithful to each other. Although the boys sometimes offer money, presents are optional and the girls themselves help their boyfriends in return. If sex occurs, which is not always the case, it is unprotected "normal" sex because these affairs involve strong feelings and mutual confidence. While commercial sex is associated with "abnormal" sex, condoms and violence, love affairs are associated with ***unprotected "normal" sex***, kindness and free choice of partner.

A second category of boyfriends are those who financially support the girls (two cases). They are usually elder men and meet with the girls from time to time. The street children perceive them as privileged customers: the relationships are of better quality than those with ordinary customers because the girls choose them and enjoy their company. However, the relationships do not involve either strong feelings or violence. As one girl put it, "When we don't fit to each other anymore, we just part from each other and find another boyfriend. That's it". Condoms are used with these privileged customers by mutual agreement "because both of us are afraid of HIV" as one girl put it.

With the exception of those street girls who defined themselves as "married", the interviewees usually said they had more than one boyfriend.

### ***Giving voice to the girls***

#### **Arrival in Phnom Penh with no family support**

*"I was sold when I was 16 years old to a brothel owner [in Kompong Chhnang]. I stayed there six months. Then I stole money from a customer and took a taxi to Phnom Penh. I arrived at the Independence Monument. I did not know anybody. So I went to "Skee" [a skating rink near the New Garden] and I lived with A Mom's mother [a go-between taking in homeless girls and sending them to bars]. I stayed one month with her. Then I borrowed clothes from friends and worked in bars as a sex worker" (Interview # XXX, 18-year-old).*

#### **Perception of family sacrifice**

*"I worked from 11 until I was 17 years old as a servant in a family. I didn't earn money but I gained knowledge on cooking, house work and laundry (...) They*

*allowed me to go to school and I learnt until class 5. Then my mother fell sick and took me out of this family. (At hospital), I heard my mother making an agreement with a woman. This woman would take me to work as a servant in another family where I would be given a salary. [In fact, the girl was sold to a high ranking official of an opposition party. When she came back home, she began working in karaoke clubs]. My mother only knew that I worked in karaoke clubs. I did not tell her exactly what I did there. I lied my mother because of the honor of my family" (Interview # L, 18-year-old).*

*"Now, my [divorced] mother is old. She is very tired and sick. She cannot work so much.*

*Q - And what about your siblings?*

*R - I have two younger siblings working in a factory (...)*

*Q - Do your other younger siblings collect waste or help your mother in some way?*

*R - My mother prefers to be poor than to see her children doing that" (Interview # XXX, 18-year-old).*

### **Importance of virginity**

*"When a girl is not a virgin anymore, anyone can see it" (Interv. # XXX, sold into a brothel, 18-year-old).*

*"When you are poor, you have no choice but fucking" (Interv. # XLII, first sex with customer, 18-year-old).*

### **Experience of freedom**

*"I go dancing every night but I can decide by myself whenever I need to rest" (Interv. # XXXII, 16-year-old).*

*"I like to walk (dae leng). I am used to it. I have two female friends who feel just like me. We spent one day in a [NGO] center but we left because the life there was different [from our usual life]" (Interv. # XLV, 16-year-old).*

*"I only accept high class people (neak thom). Ordinary customers like young men, I can't go with them because I want to get money but I want to earn money in a right way" (Interv. # L, 18-year-old).*

### **Various categories of boyfriends as perceived by an 18-year-old girl (Summary of interview LII)**

She has been with her sweetheart for one year. He is her preferred boyfriend and she is really in love with him. He took her to his house and she met with his parents who are perfume sellers. However, he is a student at Sisowath high school and she thinks that there is only "10% hope" for marriage in the future. They make love once a week in a rented hotel room. She would like to use a condom because she knows he has other sexual partners and tried to convince him: "*I told him: 'now, there is a lot of AIDS, please use a condom, it will protect both of us'".* But he does not want to and she gives up because: "*I remember that I love him*".

Apart from him, she has two other boyfriends. One is also an 18-year-old high school student. They met five months ago at Kep Thmey (Kien Svay). She goes to visit him twice a week in front of his parents' house "*in a normal friendly way*" and, three times a month, they go together at Kep Thmey and make love in a guesthouse. They usually use a condom. This boyfriend gives money to her.

The last boyfriend is a student at Bak Touk high school. They met the first time at "Post 5", a famous place in Phnom Penh where young people gather on Sunday. She likes to chat with him there. But he is not a sexual partner because "*we did not have the opportunity and above all, I just don't feel like making love with him even though he has proposed it to me*". However, she enjoys this friendly relationship and considers him as a "*sangsar*" as well.

### **6.3. The younger girls**

The elder girls interviewed went into sex work four to five years ago. Do their lives now foreshadow those of their younger peers? Are they at risk from the "family sacrifice" factor and the "sexual factor" – identified, alongside poverty, as major determinants for street girls first becoming involved in sex work? And how much HIV/STD awareness do the younger street girls have? These are all important questions within the scope of this research.

#### *Reasons for leaving home*

- Domestic violence is a frequent occurrence (mentioned by seven girls out of 17) *but contrary to many existing assumptions, the domestic violence reported is not clearly associated with a step-parent* (only two cases out of seven). Indeed, five of the 10 girls who did not report domestic violence have a step-parent<sup>14</sup>. Bad relationship with stepmothers are more frequent than with stepfathers but children usually stay with their mother in cases of divorce (see Table 11). When the mother dies, the children are more at risk of losing their family support. Figures from Mith Samlanh-FRIENDS also show that domestic violence is an important reason for girls leaving home (see Table 12 below).
- Extreme poverty, to the extent of not having enough food to eat, is reported by several girls.

Social factors which had some influence on the older girls' entering sex work can be found in interviews with the younger girls:

- *Half of the young girls are the eldest or the second child among their siblings*. Almost all the girls (14/17) are the first, second or third child in their

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<sup>14</sup> Four have a stepfather and only one has a stepmother.

family. The eldest children in the family must work and provide incomes while their younger siblings have better opportunities.

- ***Their school level is even lower.*** Half of the girls attended school for less than one year. 11 out of 17 girls attended school for less than two years while their younger siblings had more opportunity to study. They showed deep disappointment about this lack of schooling. *"I want to study like other children but my mother doesn't allow me. She promised I would go to school but she always delays it"* (Interv. # LV).
- The young girls are already perceived by their parents ***as an important, if not the main, source of income.*** Two children (aged 11 and 12) complained that they are severely beaten by their mother if they don't bring 'enough' money home. I personally witnessed this when I met one of them (already interviewed) at night in the New Garden and had a drink with her. Her mother, visibly drunk and angry, appeared suddenly and caught the girl, cursing her for her 'laziness'. She reported later that she was severely beaten. Another 11-year-old girl said she *"earned money for my aunt's family"*. Selling their virginity (four out of 11 elder girls did it) can be an important source of income compared to the few hundred of riels otherwise earned every day by the younger children.

**Table 11 - Younger girls interviewed. Family status**

FAMILY STATUS		Number
Step-parent	Stepmother	2
	Stepfather	6
Single parent		2
Father and mother living together		5
With relatives/adopted family		2
Total		17

**Table 12 - Girls aged from 11 to 15 sheltered by FRIENDS. Reasons for leaving home**

REASONS FOR LEAVING HOME	Number
Too poor/had to find a job/no support	18
<b>Domestic violence</b>	<b>4</b>
Raped/sold	2
Did wrong/argued with parents	3
<b>Bad relationship with step-parent</b>	<b>2</b>
Other (got lost)	2
NA	1
Total	32

*Current methods of earning money*

**Table 13- Younger girls. Present professions**

PRESENT PROFESSION	Number
Weigh scale (itinerant service)	6
Beggar	4
Itinerant vendor	4
Waste picker	2
Other	1
Total	17

Each age group and sex has its own reserved profession among the street children. Small girls specialize in offering an itinerant weighing scale service. For unknown reasons, this job is not performed by older children which means that the young girls currently performing this task will have to find other options in the future. Options such as begging, and waste picking can be culturally more looked down on than sex work.

*Limited options*

Consciously or unconsciously, some young girls already see sex work as an option. One 10-year-old rejected it as an option at present simply because she was *"too young"*. Another said she was *"afraid that her mother knew it"* as a means of earning money. A third one said she might choose to stay with a man (like her elder sister) rather than become a direct sex worker because she was *"afraid of diseases"*. However, a few girls dismissed this option for traditional reasons, saying: *"if you do it once, if you lose your virginity, you won't find a husband"*, and *"I would prefer to endure poverty and hunger than do that"*. In conclusion, there is no doubt that in the present Cambodian context, a large proportion of the younger girls will come into sex work soon or later. However, two major changes have occurred since the elder street girls became sex workers, which was generally in the years 1994-95: increased awareness of the risk of kidnapping and the impact of Cambodian HIV/AIDS prevention campaigns.

Almost all the younger street girls work until as late as 9-11pm. Some walk as far as Psar O'Russey, Tuol Tampung or even across the Monivong bridge. Street girls are perceived as potential sex workers by men met in the street and six interviewees said they have been propositioned for sex (including both by simple invitation and by physical pressure) by various men (a cyclo driver, a Westerner, an old Chinese man, soldiers or other Khmer men).

Even among the 11 youngest girls who had never been propositioned for sex, the perceived risk of *"being caught and sold"* was already high. One 15-year-old girl told of her elder sister being kidnapped and never having returned. Lots of frightening stories are spread and these contribute to make the girls aware of this risk. One widely told story is about an old *"Barang"* (foreigner) riding a bike along the river and holding a big bag. He tries to catch the children so he can make soup with their legs and arms. Although this story seems embroidered by the children's

fantasy there is no doubt that this man exists and is potentially dangerous<sup>15</sup>. Besides stories which circulate from one child to another, *mothers play an important role in advising their daughters*.

In response to this risk, the children take measures such as walking with friends when their work allows it. Some mothers also wait for the girls at night in the New Park in order to protect them on their way back home. Sometimes, police may be of some help: a child chased by a man successfully escaped from him by asking help from policemen. This high risk awareness also makes the young girls less confident in neighbors or "nice" people who offer help or work: one was offered adoption by a female neighbor, but although her parents agreed, she refused because she was suspicious of the neighbor's intentions. However for most of the girls, the only protection is seen as their own capacity to scream and run ...

### *HIV and STD knowledge*

10 out of 17 younger girls have heard about syphilis, gonorrhoea or "crete de coq" – either from watching TV, from attending a lesson offered by Mith Samlanh-FRIENDS (Club Friends, Naga) or from overhearing adult conversations (one girl has parents who are infected). But symptoms still remain unclear to them.

The impact of Cambodia's many HIV/AIDS information campaigns on the small girls was clear in the course of the research. **12 out of 17 (70%) knew at least that transmission can occur through sexual intercourse**. But they *don't associate prevention with condoms* (only three spoke about condoms) and they do confuse the right information with misconceptions which are widespread among Cambodian people (for instance that transmission can occur when children play together, when people drink and eat together, when they shake hands and even when someone breaks wind, as reported by five girls).

The girls' sources of information on HIV/AIDS and STDs are varied and include TV (six girls), posters (two), NGOs such as FRIENDS (four) and parents (one). Moreover, five of the younger girls had personal relationships with people living with HIV/AIDS (neighbors, relatives, friends). As with their elder peers, the children had been influenced by TV reports showing AIDS patients and *associate the infection with thinness and skin disease* while the asymptomatic phase seems unknown.

It must be said, however, that the interviewers sometimes had the feeling that the children just repeated what they had learnt by rote and did not really understand it: for example, some could not answer any questions about HIV infection but could instead sing the song they had learnt about it.

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<sup>15</sup> Staff at Mith Samlanh-FRIENDS were informed and started investigations.

#### 6.4. Street boys who have sex

Compared to their female peers, the 25 boys who reported sexual experiences also reported a very different picture of their lives with regards to relationships with families, usual places of work and rest, time spent in the street and "professional" activities.

##### *Reasons for leaving home*

Reasons for leaving home were in some ways similar to those given by the girls (see Table 14 below). *Domestic violence* (cited by one third of the group) and *poverty* (also cited by one third) again appeared as major reasons. Poverty and domestic violence were reported by the boys as increasing with *family disruption*. Only half of the boys (n=12) had parents who lived together; four reported that their mother headed the household and six had a step-parent. A bad relationship with a stepfather or stepmother was among the reasons given by four of the boys for leaving home.

However, two important differences appear between the girls and the boys: for the latter group, the "sexual factor" (i.e. being sold, raped, or having had sex before marriage) was insignificant - only one boy reported any such factor. He said he decided to leave his village after having his heart broken. The second difference was that boys showed a trend to *put the fault on themselves for leaving their family* (one third of the sample) while girls perceive themselves as victims.

**Table 14 - Sexually active boys. Reasons for leaving home**

"I did wrong and did not dare to go back"/I argued with my parents because I was lazy, I liked to walk, etc"	8
Domestic violence/alcohol problem/bad relationship with step-parent	7
Too poor/to find a job	5
Lives with family/relatives most of the time	2
Abandoned	1
NA	2
Total	25

The boys who put the fault on themselves for leaving home more often came from refugee camps than the other boys (three boys out of five returnees). This may mean that, after leaving the camps, they found it hard to live in the countryside in the traditional way.

On the other hand, all of those boys were the eldest or the second eldest among their siblings. Unlike the girls, who largely accepted that they had to make sacrifices for the sake of their families, those boys could not stand the family demands and reproaches directed to them and thought badly of themselves for this failure<sup>16</sup>. This appears in the fact that they are more often involved in robberies than other boys (but they are not more involved into sex work than others). It is also interesting to point out that all of them (except one) had both parents living together. These boys did not "abandon" a resourceless mother or father.

<sup>16</sup> See Jobias HECHT, *At Home in the Street. Street children of Northeast Brazil*, Cambridge: Cambridge Univ. Press, 1998, 268 p. for similar findings on this point.

Around two thirds of the sexually active boys no longer had ties with their family. Assertions such as *"I miss my mother, I will go back home when I have enough money"* or *"Right now, I cannot go back home. My neighbors would look down upon me because I did not succeed in making money in Phnom Penh"* are not uncommon. But this looks much more like a dream or a fantasy than like a realistic view of returning in the future. Some boys also admit that they have more fun in Phnom Penh than they did in their villages.

### *Life in the street*

Most of the boys interviewed spent all the time in the street, although they said that they more and more appreciate the facilities of the Mith Samlanh-FRIENDS Boarding House (five boys rest there every day). They work and rest with their peer groups in various places in Phnom Penh: each group has a special "territory" protected against outsiders and each territory is associated with a special job. All these places are well-known by FRIENDS' social workers and visited on a regular basis during their daily/nightly tours.

Most of the boys feel that they help others far more than they are helped themselves and this feeling was expressed by the girls as well. They had learnt to rely on themselves and most of them impressed the interviewers with their maturity of mind, resourcefulness and apparent well-balanced psychology. Feelings of loneliness and distrust are often expressed by children who live in the street. Although this is not uncommon among Cambodian urban people in general, street children especially must be on the alert all the time in order to avoid fights and robbery (usually committed by other children, "bang thom" or policemen). Actually, mutual help exists to a limited extent and on an equal basis<sup>17</sup> inside the peer groups. Help is provided quite automatically when fights occur with other street children and when a child is sick and needs a "coin rubbing" ("koh khyal"). Those with money also pay for coffee, beer or food when their friends are penniless. A system of money lending is organized within some of the children's groups.

Interviews showed examples of personal help provided by adults on an irregular basis (help in the street provided by Westerners as well as Khmer people, help from a friend's mother). However it must be underlined that none of the boys reported regular help from a male customer - unlike the girls and their "privileged customers". Two groups had set up a system of mutual help which includes adults. In the first, the children had established a good relationship with staff at the nearby police station as well as with neighboring households. The children offer petty services such as cleaning the police station and obtain in return protection against violence, the right to watch TV with the policemen and even medicinal drugs when they are sick. The boys clearly show affection and respect for these men and say they avoid "bad actions" such as robbing or glue-sniffing because the policemen would not accept them anymore. The second mutual help system is supervised by the man who buys the waste the children collect. They can borrow money from him (good waste pickers can borrow more than less efficient ones) and can also trust their money to the man's care so it will be at less risk of getting stolen. This is

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<sup>17</sup> A few younger boys interviewed enjoy personal protection from an elder one that they "like as much as my brother".

perceived as an important service: one boy told us that he had changed his work from car watcher to waste picker because he knew of waste picking support system.

In addition, we noticed that only two out of the eight boys interviewed who come from these two sites were involved in casual sex work. Although no general conclusion can be drawn from such small numbers, it is possible that structured groups with organized mutual help and the presence of adults could prevent the boys from having to earn money through commercial sex. Most boys say they only turn to commercial sex when they are desperate because their money has been stolen.

The overwhelming problem encountered by the boys is that of violence related to extortion, usually from :

- i) gangs of elder teenagers/young men from upper social backgrounds (known as "bang thom")
- ii) ii) other gangs of professional robbers which control areas (known as "cheung kong"). The boys say that the gangs also force them to rob for them and that they are sometimes backed by police
- iii) policemen (especially at Wat Phnom) who take the money at gunpoint.

#### ***Ways of earning money***

The boys reported a wider range of jobs than the girls, although their options remain limited in the present Cambodian economic context. More than one third of the sexually active boys work during the night as car watchers, "door openers" and car cleaners near restaurants, clubs and bars, waiting for a tip from the customers. One third of the boys are robbers, stealing from cars and stealing handphones. The remaining third are waste pickers or beggars, with a few manual workers and itinerant vendors. The choice for a job was determined by age and groups but the boys reported that they sometimes change their jobs (usually because of a quarrel with friends leading to them being pushed out of the group): activities such as shoes polishing and begging are perceived as better fitted to younger boys while robbing is the activity for elder boys<sup>18</sup>. Besides these jobs, casual sex work is common.

#### ***Occasional sex work***

17 boys out of 25 report occasional sex work, although this is probably under-reported to an unknown extent<sup>19</sup>. In most of the reported cases, customers were male Westerners (14 boys). Some were Khmer (reported by five boys) and of other Asian nationalities (two boys). In two cases, the customers were Khmer voyeurs who asked the boys to have sex with a female sex worker in front of them. All but one of the boys had been propositioned for commercial sex when working in the street, especially during the night. But how do the boys come into sex work, and how do they perceive it ?

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<sup>18</sup> This is also related to the fact that younger boys still have ties with their parents who control more or less their children's activities.

<sup>19</sup> All the boys have male peers involved into sex work.

The boys involved in sex work showed a very different perception of it to the girls. All of them insisted on three points:

- i) they have commercial sex of their own free will
- ii) this is a matter of personal choice
- iii) they do not act under any pressure from peers or customers.

Money, they say, is their only motivation. Earning money in this way requires bravery, which is perceived as a valued male skill. Bravery is particularly required when dealing with Westerners (Barang) because the relationship causes anxiety: the boys are not familiar with Barang, have limited communication skills in English (a minority of customers speak Khmer) and don't know in advance what will be asked from them. Moreover, the boys interviewed were also aware of the risks regarding STD and AIDS infection.

The boys who said they refuse commercial sex gave various pragmatic reasons, often linked to lack of opportunity. Three boys said they refuse to offer commercial sex because they are afraid of getting HIV infected. However, this reason was in two cases associated with other such as "*Westerners don't like children who are addicted to glue*" and "*I am afraid of being kidnapped like one of my friends*". Therefore, HIV awareness and concern cannot be considered enough to prevent the boys from offering commercial sex. In addition, two boys put forward some kind of moral reasons associated with "cleanness".

Personal sexual orientation is not seen to be at stake in the children's sex work. Only one boy put forwards this reason for refusing commercial sex with men. However, a few boys nicknamed *A khteuy* ("The Homosexual") are perceived by their friends as showing a special taste for commercial sex. They are not stigmatized nor marginalised by their friends but are seen as a little bit strange and are laughed at because of their girlish manners. "Khteuy" in the Cambodia traditional society are perceived as people with female feelings incarnated in a male body - a kind of mix of man and woman regarding their sexual orientation, gender role and related identity. They often appear in public dressed in women's clothes. On the other hand, the Western customers are called "pédé" - a word recently introduced to Phnom Penh. It is a French derogatory word which means "homosexual". For the children, "pédé" are different from "khteuy" insofar as the first are not transvestites and are clearly "men".

The majority of the boys had their first sexual experience in the sex work context (10 out of 17) at the mean age of 15.5 (see Table 15 below).

**Table 15 - SA boys. First sex partner**

First sex partner	Number of boys
Male customer	10
Female sex workers	10 (*)
Girlfriend	4
Other (**)	1
Total	25

(\*) In one case, the sex worker became the boy's girlfriend.

(\*\*)The customer was a male voyeur who asked the boy to have sex with a female sex worker in front of him.

Commercial sex networks are well organized, although as far as the interviewers and the FRIENDS social workers could discover there is no pimp involved. Any boy needing to go into "the business" can easily do so. A new boy would usually be helped by a more experienced friend, who would teach him how to find customers and may even accompany him. This is a service which the boys provide for each other. In some places, the boys can meet potential customers directly. When fresh sex tourists are in town, moto taxi drivers and young waste pickers quickly get to hear and to spread the news around because they move about a lot inside Phnom Penh. The moto drivers may also act as remunerated go-betweens, because they usually know some English.

As said previously, the young boys interviewed like to talk of their freedom of choice, their ability to refuse sex with a customer they don't like and their financial negotiating power. In particular, they are now well aware that commercial sex with minors is illegal and can in some cases use this argument as a lever with clients. None of the boys reported physical violence from or rape by their Western customers. When sex does occur against their will, they said, it is due to Khmer "khteuy" who go to have oral sex with the boys when they are sleeping in the street at night.

Client numbers reported varied enormously. Some boys said they have regular customers who they meet on a regular basis (say, once a week). Some had stayed with a "Barang" until he left the country - involving periods of time ranging from one week to several months. Most of the interviewees, however, said they have occasional sex and meet the same customer only once or twice. It was not possible to get a more precise idea of the frequency of commercial sex because many boys claimed *"I did that before. Now I quit the business"* or could not remember any number or date. The average probably ranges from one to two customers a week to one to two customers a month. It must be underlined that the prices are dropping dramatically (from over \$20 in 1997-1998 down to \$5-10 in September 1999) and that this could push the boys to increase their activity. As said above, many boys accept commercial sex when their money is stolen and they are desperate.

Although the boys often claim that they have some power in their relationship with the customers, it is clearly not true. In fact, their negotiation skills are limited to refusing a customer they don't like. Some also refuse anal sex (three cases). But regarding negotiations related to the use of condoms and the kind of sex performed, they are actually even more powerless than the girls. The reasons given in interviews was that they are often intimidated by the foreigners, with whom they have very limited communication and who they don't understand. Moreover, just like the girls, they perceive the money provider as the powerful partner in the exchange.

Customers were reported as controlling the whole sexual relationship, even when collective sex (several boys and/or several men) occurred. According to the boys interviewed, 59% of them had had oral sex with their customers (the men were often the active partners). 41% of them had agreed to have anal sex (with the customer usually the active partners). A minority of boys (12%) say that they only offered mutual masturbation (Table 16 below).

**Table 16 - Boys in sex work. Type of sexual services performed**

Type of sexual service	Number of boys(*)
Oral sex	10
Anal sex	7
Masturbation + other	4
Masturbation only	2
Other(**)	2
NA	2

(\*) Total is over 17 because eight boys reported more than one type of sexual service.

(\*\*) Vaginal penetration. The boys were asked to have sex with a female sex worker in front of a male customer.

More surprisingly, *customers – Westerners as well as Cambodians – very rarely imposed the use of condoms during anal and oral sex* (see Table 17 below). Among the 17 boys involved in sex work, 14 performed sexual services associated to medium or high risk. Does it mean that Cambodia is still perceived in international paedophile networks as a "safe country" regarding HIV/STD infections? Or does it mean that massive HIV/AIDS awareness campaigns in Western countries did not have any impact on the paedophile audience because, as a marginalised and stigmatized group, it has never been the target for an HIV/AIDS awareness campaign?<sup>20</sup>.

**Table 17 - Boys. Use of condoms in the sex work context**

Type of sex/Use of condom	No	Most customers don't	NA	Yes	Number of boys
Anal	1			1	2
Oral + anal	3	2			5
Oral	5				5
Vaginal	1				1
NA	1		1		2
Masturbation only	2				2
Total	13	2	1	1	17

Low perception of risk regarding HIV/STDs in the sex work context is another factor which has an influence on the low rate of protected sex with customers, as will be discussed in a following section.

### *Street boys and chosen sexual partners*

The SA street boys have the same sexual behavior as the average male urban Cambodian. Most of the SA boys (17 out of 25) visit female sex workers. Boys who are involved in sex work themselves are no different from other boys on this point, and they show approximately the same rate of use of sex services. Sex with female sex workers is perceived as risky: among the six boys who identified themselves as sex workers, but who say they do not visit female sex workers, one says he just "*doesn't like it*" and two others explain that they are afraid of HIV

<sup>20</sup> A parallel can be made with drug-addicted people in countries such as France. Because drug use was illegal, prevention measures such as syringe exchanges and free access to Methadone were delayed.

infection<sup>21</sup>. The other SA boys show the same fear, often related to more concrete reasons (*"I am afraid that my money would be stolen", "I don't have enough money", "I love my girlfriend. I don't want to have sex with sex workers"*).

As with other young urban Cambodian boys, the interviewees often go to visit sex workers with their friends. Peer pressure to use sex workers is high and a few boys say they would not dare go alone to a brothel but that they have been pressured to go with their friends after a few drinks with their peers. They especially appreciate an alcohol called "sra heuy" which is a type of poor quality beer sold in various places such as the railway station square. The boys are often drunk when they meet with sex workers, and say that because of this they often forget to wear a condom. This is a common finding in surveys among male customers in Cambodia and even in Western countries<sup>22</sup>.

Drug use does not seem to affect the boys' condom use; only one boy buys "pills" in a bar and although the great majority are addicted to glue, they don't sniff glue before sex because it inhibits their libido. Moreover, glue is perceived as a substitute for sex by some boys when no sex partner is available.

*Sex workers are met in brothels*, mainly in Tuol Kork but also at Steung Meanchey and in the Bassac squatter area; in front of the railway station (the cheapest place in Phnom Penh); and in the New Park where they "press the oranges" of the "pressed orange juice vendors" (a common joke in Phnom Penh, now that many female vendors are involved in occasional sex work). The richest boys sometimes go to bars.

*Frequency of use of sex workers varies* from "every day" to "once in my life". The extent of under- or over-reporting is difficult to assess because the boys have various psychosocial profiles regarding their gendered identities. Some of the oldest boys clearly assert their masculinity through phrases such as *"I really go to visit sex workers a lot" / "I'm kind of sex mad" / "We don't like khteuy" / "It makes men happy to have sex [with girls]"*. However some are a bit ashamed of this practice and use phrases such as *"I went only once" / "I quit a long time ago" / "My friends put pressure on me so I went with them [to a brothel] / "My friends told me that it would be a pleasure. Actually, I didn't like it much. It was pleasant for just a few minutes"*.

Almost all the boys asked for *vaginal penetration*. In a few cases, other services were reported<sup>23</sup>: oral sex (two cases), anal sex (one case), and masturbation (one case). The boys reported a high rate of protected sex. 10 boys out of 14 said that they always use a condom with a sex worker (see Table 18 below). When they don't use it, the boys give reasons like *"I don't use it because I am drunk when I go to brothels"* and *"before, I was not aware of the risk. Now, I'm afraid of catching a disease"*.

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<sup>21</sup> However, one of the two tempered this reason with a rather more pragmatic one – he said he prefers to save his money than to spend it on sex workers.

<sup>22</sup> A recent field research among female sex workers on the streets in a northern French town found that "many" customers asked for unprotected sex and offered to pay a higher price for this service.

<sup>23</sup> NA = five boys. One answered "every kind [of sex] that I know".

**Table 18 - SA boys. Use of condom with female sex workers**

	Number of boys
Always	10
Sometimes	2
Never	2
NA	3
Total	17

In brothels, the women usually provide their young customers with a condom. Further, some boys had been given free condoms and taught how to use them by Mith Samlanh-FRIENDS at either the Naga Center or Boarding House. Such support is especially important when the boys have sex with occasional sex workers who don't provide condoms.

Compared to the girls, the SA boys have a poor emotional life. Eleven of those interviewed didn't have any romance or love affair in their life at that time. The prime reason for this was that it is very scarce for girls over the age of 15 to stay on the streets (see the section on Sexually active girls). None of the interviewees was "married" even though the social workers from FRIENDS reported the existence of a few young couples. Only one 18-year-old boy had a romance - with a young vendor at the New Market. He said he was deeply in love with her and described the relationship in very romantic words. Because *"the first love is like honey"*, she is his first and only sex partner. He is conscious however that *"it could have a negative impact on her future because if her parents knew, they would be very disappointed"*. As with other poor urban Cambodian boys, the street boys believe that ***a girlfriend needs to be financially supported and they can't afford it.***

Love as a concept seems to be taken more seriously by the boys than by the girls. They more often associate it with marriage (at least a "street marriage") and therefore, they think ***they are too young*** for what they see as a long-term relationship. Therefore, most of the affairs described by the boys are short-term ones, which do not deserve the label of love.

Three of the boys interviewed had their first sexual experience with young girls in their native village. But it seems as if this was more like training than a real romance. Six boys reported having had an affair with street girls. They didn't live with them in the street (except in one case) but usually met them on a regular basis (every day; two or three times a week). In most cases, the girls ended the relationships. Reasons given for this included one girl going back to her native village; another became a sex worker; a third chose a new boyfriend.

The one boy who reported being in a regular relationship at the time when he was interviewed described his girlfriend as a young mother staying at the train station's square where, he said, they met each other every day. However, *"We don't have sex together. We just chat together because people say there is a lot of AIDS at the train station"*. When the young couple have sexual intercourse, it occurs in gardens, on the street at night or in cheap guesthouses. *"Usual sex"* e.g. vaginal penetration is performed. *The sex is usually unprotected because condom use is*

*perceived in this context as a symbol of distrust and contempt, especially by the girls.*

In general, the sexually active street boys interviewed have their most stable relationships with sex workers. It seems however that there are no strong feelings involved: the boys fall into the "privileged customers" category previously mentioned and can have several sex worker girlfriends at one time. But the interviewers could have been misled on this subject due to the strong sense of decency and caution shown by the boys when speaking about their private lives. The girls in these relationships work in brothels and bars where the boys meet them on a regular basis. The boys said they don't act as pimps but that they had, in some cases, protected their girlfriends against potential assailants.

Sexual intercourse (the "usual way" e. g. vaginal penetration) often becomes unprotected when the boys are upgraded from "ordinary customers" to "privileged customers/boyfriends".

### *HIV and STD knowledge*

Compared to their female peers, *the sexually active boys are less knowledgeable about and less eager to obtain further information about HIV/AIDS*. Only 13 out of the 17 boys could answer some questions about the HIV infection process. Their responses were less accurate than those of the girls: they knew about infection "*through sexual intercourse*" but most didn't mention condoms as a means of protection (while the girls spontaneously answered "*infection occurs through unprotected sexual intercourse*"). They understand that infection occurs "*through blood*" but didn't elaborate their answers and may not have understood the answer well. Moreover, they focused on minor routes of infection which are related to their own life such as "razors, tattooing, ear piercing, and wounds" (while some girls mentioned manicure). Unlike the SA girls however, they didn't so much focus on identifying AIDS-related symptoms (weakness, skin diseases) and were better informed on the fact that someone's sero-status is not physically noticeable at the first stage.

The boys obtained their knowledge through newspapers (not mentioned by the girls), TV, friends and among all, from social workers and medical staff working with Mith Samlanh-FRIENDS. For the boys as well as for the girls, HIV/AIDS is real: some boys (five occasional sex workers and four other SA boys) have friends, neighbors or acquaintances who are HIV-positive.

Boys expressed less willingness than girls to know their sero-status. Four boys had had their blood tested already at the Mith Samlanh-FRIENDS Boarding House. Some boys had also sold their blood to hospitals where it was - in theory - tested<sup>24</sup>. Many boys, actually, were reluctant to be tested because they were afraid of the possible outcome.

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<sup>24</sup> One boy said his blood was not kept because "it was not good" but he doesn't know why.

Regarding STDs, the boys were better informed than their female peers, especially those resting at the Mith Samlanh-FRIENDS Boarding House where they were provided with information as well as medical services by the social workers and the physicians. They knew a wider range of STDs, especially gonorrhea and "crete de coq" which was not mentioned by the girls (See Table 19 below). However, one must be careful with the word "sway" (often translated as "syphilis") which has a broad meaning in the Khmer language: one boy (involved in sex work) mentioned leprosis as an STD which is consistent with the traditional perception of "syphilis" which can evolve into leprosis and various other diseases. Like the SA girls, the SA boys had also had direct experience of STDs: 14 had caught an STD or had a friend or a neighbor who had caught one.

**Table 19 - SA boys. Knowledge about STDs**

STDs mentioned	Number of boys	
	Sex service providers (n=17)	Don't provide sex services (n=8)
Syphilis	9	6
Gonorrhea	8	5
Crete de coq	5	0
None	1	0
NA	2	1

The boys had different perceptions of risk regarding HIV/STD infection. Until now, HIV/AIDS information campaigns in Cambodia have targeted female sex workers and their customers. Most of the TV and radio broadcasts, as well as newspapers, publish stories about husbands infected by female sex workers or about wives (and their unborn children) infected by their husbands. This was clear in interviews with the boys: *they perceived commercial sex with female sex workers as more risky than any other sexual practices.*

On the other hand, the boys knew that HIV and STDs in general were transmitted "through sexual intercourse" ("kaa room phet"; "kaa room reak"). But "sexual intercourse" generally means "vaginal penetration" for them, as well as for most of the Cambodian people. For some boys, interviews were the first opportunity to think about the risk related to sex work because the questions detailed all kinds of "sexual intercourse". At the end of the interview, several of them asked for further information about STDs and HIV/AIDS.

### *Giving voice to the boys*

#### **Reasons for leaving home/self-accusation**

*"I did not look after my younger siblings and I liked to have fun and go out. Once, my mother beat me [because she was unhappy with me]. I became angry with her and I decided to run away so I took the train for Phnom Penh" (Interv. #VI, 15-year-old).*

*Q - What reason made you leave home, little brother?*

*A - I was angry with Grandma because she beat me.*

*Q - You were angry with your Grandma. Why did she beat you?*

*A - I did not go to school.*

*Q - You did not go to school. And what else, little brother?*

A - I came back and she beat me.

Q - She beat you. And then?

A - I just run away" (Interv. # 13, 15-year-old).

### **Experience of fun in Phnom Penh**

"I used to go and see my parents [in Kandal province] but I don't send money to them.

Q - Do your parents want you to stay with them ?

R - Yes, they do but I don't want to.

Q - Why ?

R - Because life is difficult over there. In the night, I have to go to the river and catch fish. Here [in Phnom Penh], I have fun" (Interv. # 2, 18-year-old).

### **Poor social support /examples of mutual help**

"Q - Who do you trust?

R - Nobody. Because it's impossible to trust in anybody apart myself. Because it's not possible to really understand others' feelings"

Q - But who can help you when a problem occurs in the street ?

R - Nobody. I must manage by myself" (Interv. # 18, 18-year-old).

"We can borrow money from each other when one of us goes and visit his parents. But if you lied, pretending that you went and visited your parents and kept the money for yourself, the friends would punish you. They would not allow you to watch the cars with them anymore. We must be honest with each other" (Interv. # XIII, 18-year-old).

### **Reasons for providing commercial sex**

"Q - I would like to ask you more about those foreigners [customers]. Are your friends in this business also?

R - They are.[...]

Q - How many friends do you have in this business?

R - Some of them [pee bey].

Q - It means that some other friends are not?

R - Yes.

Q - So why did you come to this business?

R - Because I get money. I want to get a lot of [pek<sup>25</sup>] money so I go with them [customers]. Some of my friends are afraid, they don't want to get the money, they don't go.

Q - Yes... Some of them are afraid.

R - They are afraid of getting infected. [...]

Q - And what about yourself? You are not afraid?

R - I am afraid too but I don't have money. So I go on. (Int. # XIX, 14-year-old).

### **Reasons for not providing commercial sex services**

"Westerners don't like children who are addicted to glue [like me]".

"I stayed just a moment with him. He asked me 'tattoos ! tattoos !' I said: 'I don't have any [tattoos] on my body. There is no tattooing in Phnom Penh.' [...]

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<sup>25</sup> Pek means "a lot" as well as "too much".

*Q - So when ... You did not have tattoos on your body...*

*R - Tattoos...*

*Q - Tattoos... Without tattoos he did not ...?*

*R - He did not take [me]. (Int. # II, 18-year-old)*

*"I earn enough money from my job as a waste picker."*

*"Q - So, regarding the business of looking for foreigners or Khmer customers, why don't you do it? Don't the majority of children do it when they don't have rice or something?"*

*R - When I don't have rice, I never ... I would rather eat people's waste than go with somebody.*

*Q - Why?*

*R - Because I am afraid.*

*Q - Afraid of what?*

*R - Afraid of getting infected." (Interv. # V, 18-year-old)*

*"Q - You heard about that also [children involved into commercial sex]?"*

*R - Yes ... I ... I don't mean that they [my friends] are all clean. There are some... But I never went, regarding this stuff of sex. But some outsiders [out of the peer group], those who steal people's things and sell them back, some of them do. But I just came to Phnom Penh five months ago, I am not as well informed as others.*

*Q - What do you think about that? In the future, if you don't have enough rice, do you think you could go?*

*R - Euh ... I don't know about that. [...] I would not go. I would ... Every day I would beg money from policemen ... They give .... give... give..." (Interv. # XIII, 18-year-old).*

### **Fear of customers**

*"I don't dare to speak with them about the kind of sexual intercourse because I am fearful and on the other hand, they are bad and just threaten me" (Int. # XIX, 14-year-old).*

### **Girlfriends**

*"People like me don't have girlfriends (sangsar).*

*Q - Really?*

*R - We don't have a home [...] I would like to [have a girlfriend] but I don't have one" (Interv. # 51, 18-year-old).*

### **Unprotected sex with girlfriends**

*"I was taught how to use a condom in the organization [NGO]. I bought some but my girlfriend did not allow me to use it. She wanted to have sex with me without condom. Finally, she allowed me to use it" (Interv. # V, 18-year-old).*

*"We did not use a condom because neither of us was infected with HIV" (Interv. # 13, 15-year-old).*

*"The first time, I used a condom with her [a sex worker who has become his girlfriend]. Then we knew each other's feelings and I stopped using them" [with*

women he saw just as sex workers, he always had protected sex] (Interv. # 10, 18-year-old).

#### **Reluctance to have a blood test**

"I was afraid that, having my blood tested, I would know [that I was HIV+] and it would just worry me. It would just bring difficult times, like thinking 'I caught AIDS' ... and just sitting lonely, in tears. It could only bring me worry" (Interv. # 6, 18-year-old)

"I don't want to know because I don't have any symptoms yet" (Interv. # 18, 18-year-old).

#### **Perceptions of HIV/AIDS and STDs**

"We must stop having sex with [female] sex workers" (Inter. # XVII, 16-year-old).

" AIDS is transmitted through female vaginal secretions, syringes and blood" (Interv. # XIX, 14-year-old).

"One of my neighbors caught syphilis: he had sex with [female] sex workers" (Interv. # XLIII, 16-year-old).

### **6.5. Street boys not currently having sex**

The 51 non-SA boys are younger than SA boys, with a mean age of 13 (from 11 to 18). Of the 51, 62% still live with their family most of the time. Because of their age, they show more childish attitudes when it comes to love, sex and girls. The youngest still claim that they prefer to "kick girls" than to kiss them, and that they "don't talk to girls". They say they are "*too young*" or "*too small*" to make love and a few don't even have a clear understanding of what sexual intercourse is. Yet in some areas they have quite extended knowledge; knowledge which has been gained in the street, at home by hearing adult conversations, with their peers and by watching TV.

#### *Attitudes to sex*

Many boys had been propositioned for commercial sex by Western "pédé", Khmer "khteuy", other Khmer men (moto-taxi drivers, a houseguard) or by go-betweens. As would be expected, boys sleeping in the street reported higher rates of proposals (10/19) than those who still lived with their family (12/32). Most of them had friends who had accepted sexual propositions and who had provided them with detailed accounts of their experiences. Some non-SA boys had decided to try it for themselves but had eventually changed their minds. But none of them reported rape or pressure from potential customers.

The boys said they would not provide commercial sex for two main reasons.

i) For those still at home, ***advice from parents had clearly had an effect on their behavior***. The families mainly feared kidnappings and advised their children to refuse food and drink offered by strangers (two boys actually reported that they had escaped from an attempted kidnapping). In addition, and in contrast to the three

other sub-groups (SA and non-SA girls, and older SA boys), they put forward a moral argument and said it was bad to sell sex.

ii) The majority *said that they refused to provide commercial sex because they were afraid of being infected with HIV*. But this answer must be taken with caution because such a fear, when reported by the SA boys, did not seem to really prevent them from having unprotected sex.

It seems, therefore, that it is most likely to be the age of these boys, and their perceived sexual immaturity, coupled with the fact that many still have ties with their families, which contributes to prevent them from being involved in commercial sex.

As for knowledge of sex workers, most of the boys work or live in brothel areas, near bars or in the New Park where they meet with "pressed orange juice" sellers. Some had even witnessed sexual services provided by the women. They reported feelings which were a mix of attraction (stimulated by friends or relatives' accounts and sex videos); fear (because they lacked experience and were afraid of being "too small" for sex) and repulsion towards the sex workers (expressed through stock words such as "they are bad and all HIV infected").

Some boys had a girlfriend or secretly loved a girl. Some had even unsuccessfully declared their love. But the majority did not appear to be interested in romance at this point in their lives, saying instead: "I never loved anybody. I'm too young" (15-year-old, no family support); "Yes, I have female friends. We play together at hide-and-seek (11-year-old, with family); "I don't know how to make love" (15-year-old); "I don't speak with them [girls] and I don't like them" (15-year-old, still with links to home). Neither did the boys report any sexual activity with their male peers.

### *HIV and STD knowledge*

The non-SA boys showed the same level of HIV and STD knowledge as their female peers. Only four didn't know the word STD. Most of them (82.5%) had heard about syphilis. Fewer knew of gonorrhoea and a minority knew of "crete de coq". However, symptoms and routes of transmission remained unclear. In addition, six children thought that coughs, TB, or sunstroke could all be STDs. Children with no family support at all had a better understanding of HIV due to the information provided by FRIENDS' social workers and physicians.

Almost all the boys knew at least that HIV transmission can occur through sexual intercourse. Compared to the younger girls, they had a better understanding of the protective role of the condom and its directions for use. Many had seen condoms already. However, as with the older boys, they focused on "blood" transmission through wounds and scissors rather than through used syringes, because such routes were more relevant to their daily experience in the street. There were also many misunderstandings (from 10 boys) about HIV transmission, with routes of transmission given by some boys as "through nails, water and rice"; "shaking hands"; "kiss on the lips"; "eating together"; "ear piercing", etc.

Some of the boys – both SA and non-SA – also believed that someone's sero-status can be seen by looking at their blood: a "red and cold blood" is not infected while a "black" one is a sign of HIV infection.

Because of the national prevention campaigns and their targeted groups, sex workers were highly associated with HIV infection. The young boys were also concerned about the process of the epidemic as widely reported through TV and radio: husbands visit sex workers then infect their wives and their children. Maybe they echoed their own mothers' concerns: one 14-year-old boy reported that his mother took him to hospital for a blood test because she was afraid that the boy could have been infected through his father (possibly when the mother was pregnant).

Finally, some boys understood that sexual abstinence is the ultimately effective protection against HIV infection through sexual intercourse.

### ***Giving voice to the boys***

#### **Attitudes to commercial sex**

*"Those foreigners proposition us to go with them after we call them. If we don't call them, they don't proposition us" (Interv. # 19, 15-year-old).*

*"A Westerner brought my friend XX and myself to sleep with him. We sat for a minute [in the bedroom]. Then I told my friend that I needed to go out to urinate and I left. As for my friend, he slept with the Westerner. That man had oral sex and anal penetration with my friend [...] He gave \$25 to XX and the next day, XX offered me \$1 " (Interv. # 34, 14-year-old, lives with his family).*

*"I wouldn't go [to have commercial sex] even if I was dying. I would prefer to beg for money. It is better. I met one foreigner who propositioned me to have sex with him. But I didn't accept because my father told me that I would become a bad boy" (Interv. # XLIV, 14-year-old, lives with family).*

*"Khteuy are bad people" (Interv. # 26, 11-year-old, lives with family).*

#### **Attitudes to female sex workers**

*"I learnt [about sex workers] by myself through a sex video" (14-year-old, no family support).*

*"My friends explained to me. I also used to polish shoes at Tuol Kork [Phnom Penh brothel area]" (14-year-old, no family support).*

*"When I ride my bike through Tuol Kork, I go very fast [because I am afraid of the sex workers working there]" (Interv. # 20, 14-year-old).*

*"An old man told me: 'don't have sex with sex workers, when you will grow older, you will catch syphilis'" (Interv. # 14, 14-year-old, no family support).*

*"I'm afraid of AIDS. But if we use condoms, we can have sex with them [sex workers]" (Interv. # 34, 14-year-old, lives with family).*

*"Small as I am, how could I go with them?" (Interv. # 38, 11-year-old, lives with family).*

*"Teenagers are not allowed to go. Mother doesn't allow me. She wants me to stay at home [...] I'm still young" (Interv. # IX, 15-year-old, lives with family).*

*"I am afraid. I am alone. If I catch a disease, nobody will look after me" (Interv. # 5, 15-year-old, abandoned).*

#### **Attitudes to girlfriends**

*"I have never loved anybody. I'm too young" (15-year-old, no family support).*

*"I love a girl. She is so pretty. She lives near my grandmother's place. But I have never dared to speak to her" (14-year-old, lives with family).*

*"I kissed a girl once but she cursed at me in return. If I suggested sex to her, I'm afraid she would tell her father. On the other hand, she is richer than me [So she would not accept a boyfriend from a low social background]"(13-year-old, no family support).*

#### **Sexual health misunderstandings**

*"TV doesn't allow us to have sex (14-year-old)*

*"When you ejaculate or play with your penis, you get an STD" (Interv. # XLII, 12-year-old, lives with family).*

## **7. THE WAY FORWARDS**

It is not the role of this research report to discuss whether or not sex work should be legalized and turned into an organized occupation in Cambodia. This is already a matter of nationwide debate involving Cambodian ministries, women's associations, international organizations and local NGOs. However, the present context of sex work puts the street girls interviewed at high risk of STD and HIV infection because many of them have unprotected sex with their customers.

Many long-term and encompassing measures are being designed or are already implemented by concerned organizations. However with specific regard to *street girls*, this report recommends:

1. Prevention work must begin with young girls in the squatter areas (and possibly those still living in the countryside). Specifically, such work should focus on i) the *eldest siblings* of single-parent households and ii) those girls who are *most vulnerable* to becoming street girls – ie. Those within extremely poor families, families where there is a stepmother or stepfather, and those families which suffer domestic violence.
2. Develop employment opportunities for vulnerable girls, perhaps by:
  - Providing part-time schooling for the young working girls of the squatter areas. Education has an overall impact on public health improvement, women's empowerment, self-esteem, and job opportunities. The younger girls interviewed showed a high willingness to go to school. Mith Samlanh-

FRIENDS implements a schooling program for street children which must be extended.

- NGOs, other organizations and trade unions to work with the government on implement existing laws and improving the work conditions currently prevailing in garment factories and domestic employment – two big sources of income for uneducated urban young women. In both cases, bad working conditions and low salaries serve to deter many girls and to push them towards sex work as their only alternative source of income.
3. Creating temporary shelters for elder girls without social support who have run away from home, and possibly run away from brothels or rapists. This would prevent the girls from living on the streets and being prey to go-betweens who find newcomers for brothels. These shelters should be located in the Bassac area, which is where homeless newcomers usually gather.
  4. Developing rape/kidnapping awareness campaigns for use in the countryside and the Phnom Penh squatter communities. These campaigns could be strengthened by:
    - Providing briefings for police, particularly those based in police stations around the squatter areas - according to the children interviewed, some policemen have already proved their awareness of this risk and have wrecked attempts at kidnappings.
    - Helping parents and children to develop their own prevention strategies, which do not feed terrifying rumors but which build on measures already used by some families, such as:
      - Encouraging children to work with young neighbors or relatives rather than alone.
      - Encouraging parents to wait for their children who work on the streets at a pre-arranged meeting point, to escort them home.
      - Encouraging children to stop work before nightfall if possible.
  5. Developing sex education initiatives for younger street girls – at present, HIV awareness has little meaning for them because they are unclear about what sexual intercourse involves.
  6. Making further efforts to reduce unprotected sex among sex workers, by:
    - Developing empowerment projects and improving the negotiation skills and self-esteem of sex workers.
    - Targeting young male customers for long-term HIV/AIDS awareness campaigns carried by newspapers, youth magazines (read by many young urban people), TV and radio. Specific issues such as drunkenness and condom use, violence against sex workers and peer pressure should be addressed. More specific workshop-based education work for young men could concentrate on their perceptions of female sex workers and women in general<sup>26</sup>.

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<sup>26</sup> See proposals in CHOU Meng Tarr, *Study of Contextual Factors Affecting Risk-Related Sexual Behavior Among Young People in Cambodia*, Final report, no date, p. 225 sq.

- Improving the protection from violence for girls working in bars and karaoke clubs. A mapping of bars, karaoke clubs and guesthouses would first be needed, but this could be followed by :
    - Encouraging girls who sell sexual services to do so in bar backrooms, where they enjoy a more protective environment than in guesthouses and hotels.
    - Encouraging bar and karaoke club owners to upgrade their backrooms and make them more attractive to customers.
    - Disseminating posters in bars, karaoke clubs and guesthouses to promote safe and non-violent sex (perhaps on the theme: "young men, you want to have fun while remaining healthy? Think about condoms").
    - Encouraging girls to organize protection for themselves when they leave work for home (perhaps from a "husband", a boyfriend, a relative or peers).
    - Encouraging bar owners to develop shuttle services for the girls, and allowing girls who would otherwise have to go home alone to sleep the night in the bars.
    - Instigating special prevention work targeted to the private partners of sex workers.
7. Shifting from an emphasis on the dissemination of HIV infection process theory, and on sex workers as the major risk group, to messages which target more diverse social groups and which center on real-life situations. This should include:
- Accepting that a "100% condom use, in every situation and with all partners" message is not realistic. Street girls should be encouraged to assess the different risks involved in unprotected sex on a partner by partner or category by category level (for instance "husbands", sweethearts, and privileged customers).
  - Developing realistic and memorable prevention messages for the girls (for instance that sexual intercourse with privileged customers and casual boyfriends should be protected as often as possible).
  - Promoting perceptions of condoms which alter the existing perception of condoms being only for use with sex workers (for instance by promoting the use of condoms for sex before marriage, or by linking condoms and love, or condoms and birth control).

***Regarding the street boys:***

1. The priority must be a long-term strategy of poverty alleviation, improved educational opportunities and income generation.
2. The boys should be encouraged to have contact with suitable adults, and to develop positive role models. The social workers from Mith Samlanh-FRIENDS (and possibly staff from other NGOs) help to keep the children in contact with adults from "normal" society. This work should be maintained.
3. In places such as the Boarding House and Club Friends, security boxes could be set up to keep the children's savings and most valued objects safe. The children should be given regular daily access to these savings boxes, in recognition of the fact that their lives are lived on a very short-term planning basis.

4. Small loans systems should be set up for "emergencies" (such as robbery, or visits to the family where the boys would be expected to bring money).

5. Special campaigns are needed to reduce the rate of unprotected sex in the street boys' sex work context, including:

- Campaigns aimed at reaching potential Western customers, emphasizing that commercial sex with minors is illegal in Cambodia as in most other countries in the world. Travel agencies in Cambodia and abroad, Cambodian embassies abroad and foreign embassies in Cambodia could be asked to dispense leaflets about i) the illegality of sex with minors and ii) the necessity of having protected commercial sex "with either female or male sex workers".
- Campaigns aimed at reaching potential Cambodian customers. Further research is needed regarding this population, its sexual practices and related perceptions.
- Specific information for boys who are currently or potentially involved in homosexual sex work is absolutely necessary. ***This could be two-fold:***

*i) General and repetitive simple messages* (through posters in children's centers, leaflets, outreach work) on the importance of condom use in anal sex. Repetition of the message is of great importance because the boys easily forget "HIV lessons" and express less willingness than the girls to get further information about this subject.

*ii) More specific information* (through meetings or workshops in children's centers) focused on explanation of the HIV-infection process and levels of risk involved in each type of sexual activity (anal sex, vaginal penetration, oral sex and masturbation). Masturbation and other non-penetrative activities should be promoted in the sex work context. Although such sessions could also provide an opportunity for encouraging the boys to develop alternative options to sex work, they should be neutral and offer no personal judgement from the trainers. Nor should they be excessively frightening for the boys who are most at risk. On the contrary, positive phrases such as "it's never too late to start" should be used as much as possible, because many boys who perform high risk sexual practices often try to ignore the risks they face.

The role of "***blood***" as a transmission route should be explained again because the boys interviewed focused too much on less significant infection risks, for instance contact with an open wound or contact with bloody scissors and razors.

The fact that HIV *sero-status is not physically noticeable* should also be underlined.

6. The boys' negotiation skills with their customers need to be improved. Focus groups and workshops should be organized to identify the points which offer greatest hope of success (for example, when is the best time to speak about the kind of sexual service to be provided and the use of condoms? Should this take place in the street or in the room? Can any go-betweens help in this negotiation? How could a boy react if a client doesn't agree?).

7. Street boys need to be encouraged to think about prevention techniques for use with their private partners, in particular with girlfriends who are also sex workers. As with the girls, the boys should be encouraged to take part in workshops which will help them:

i) To assess the risk involved in having unprotected sex, on a partner-by-partner or category-by-category level (for instance "wife", faithful girlfriend, privileged customer of a female sex worker, occasional partner).

ii) To promote perceptions of condoms which alter the existing perception of condoms being only for use with sex workers (for instance by promoting the use of condoms for sex before marriage, or by linking condoms and love, or condoms and birth control).

***In general:***

1. Most of the children interviewed for this research are clearly in need of contact with adults who can provide psychological help (affection, respect, advice and a role model) as well as material help in cases of emergency (in particular when the street children have had money stolen). On the other hand, the children interviewed who have already spent several years in the street may encounter problems in adapting themselves to the structures and disciplines contained in centers which shelter children full-time. Moreover, the issue of violence or other pressures being brought against smaller children in centers was described several times during interviews. Drop-in centers are therefore an attractive option for many children as they provide food, showers and medical services on a less formal basis. Services provided by Mith Samlanh meet these needs, and should be extended - especially for elder street girls who are not currently regular visitors and may need a special place to drop by.

2. Most of the information and prevention work needed by the street children can be done in places such as Club Friends or the Mith Samlanh-FRIENDS Boarding House. The interviewers noticed that the street children are far more mature and more demanding of being treated as equals than other Cambodian children. Short workshops and informal discussions with tea and cakes could provide attractive ways of conducting prevention work based on the real sexual partners of the children, including commercial sex partners, as discussed above. The social workers must be trained in this field. Additional work in bars, karaoke clubs and in the street is needed in order to reach children who will never use drop-in centers.

## 8. LIFE STORIES

### **Sok<sup>27</sup>, a 15-year-old car cleaner, in the street for one year (Interview # 13)**

Sok was born in 1984, in Site II, a refugee camp at the Thai border. In his family, he is the second among three children. His father is a soldier and his mother a housewife. When the family came back to Cambodia, they set up in Phnom Penh, in the squatters' area near the "Russian Hospital". One year ago, Sok had an argument with her grandmother: she was angry because he did not go to school and beat him. He decided to leave home. He wandered around the streets for a while begging for money and food, and then became a waste picker, working and sleeping with other boys near the New Market. He was ashamed of his job but had no choice, he says. At that time, Sok sniffed glue a lot and spent most of his money on buying glue. A short time later, he met with a male Westerner and spent one month with this man until he left the country.

Alone again, Sok spent two months in Kampong Som and was hired as a car cleaner in a racing car company. He earned \$30 a month there but says the job was boring because he worked far from the town, in the forest with no friends and no entertainment. Sok also stayed some time in centers for orphans in Siem Reap and in Svay Sisophon. But he was not happy in those shelters because the biggest children took the best of the food. So he decided to move back to Phnom Penh and became a robber, stealing car equipment. He spends his nights in front of a dancing restaurant in Phnom Penh and rests at the New Market, in front of the World Vision shelter for street children where he can have a shower in the morning. When he has free time and money, Sok likes to play cards and video games. He doesn't drink much alcohol but is addicted to glue.

Nowadays, Sok does not trust anybody in the street. "You can't be confident even in friends, because they steal your money when you are sleeping at night" he says. Actually, the most difficult problem he encounters now is related to violence in the street. He is forced by a "Bang Thom" gang to steal money for them and is beaten when he doesn't give them enough money. All his friends are controlled by the same gang and nobody dares to oppose them. When Sok makes extra money in prostitution, he tries to find somebody who can keep the money for him. But he says it is hard to find someone to trust.

Sok had his first sexual experience at 15 with a female sex worker at Tuol Kork. He was not the customer but the seller: one night, a Cambodian man met him in the street. The man asked Sok to go to Tuol Kork with him and have sex with the girl in front of him. He was paid for this service. He did not wear condom because at that time, he says, "I did not know. I am just beginning to learn now" about STDs and HIV. Later on, Sok had several other experiences with female prostitutes as a customer. When he has money, he usually goes at the railway station with two or three friends (because he doesn't dare to visit them alone) and wears condoms now since "I am just aware" of the risk related to unprotected sex. Condoms are provided free of charge by an NGO.

A few months ago, Sok had a 17-year-old girlfriend. They lived and slept together in the street for one month. They did not use condoms because she did not ask him to and "neither of us was HIV positive". This girlfriend left Sok when she

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<sup>27</sup> Names are fictitious.

met another boyfriend. He tried to convince her to come back and resume their relationship but she did not agree. Sok is a little disillusioned with girls at the present time. He doesn't want to bother finding a new girlfriend.

Sok also has a wide experience of selling sex: he has had "a lot of customers", he says, including two women<sup>28</sup>. Usually, a go-between brings customers to Sok in front of the dancing restaurant where he stays at night. The man helps in translating (most of his customers are foreigners) and is paid 3000 riel by Sok for his service. Sok usually goes with his customers to a hotel room and spends the whole night with them. He says he only has oral sex with them (both are active partners) and he charges from \$10 to \$20. Although he thinks these relations are risky for his health, he does not use condoms because customers usually don't ask for them. With the exception of his first boyfriend, Sok does not have regular clients. He has never been forced to have sex with customers but says it is common that "Khteuy [Cambodian tranvestites] come when we are asleep at night in the street and try to have oral sex with us".

Sok has never suffered from an STD but he has some knowledge about AIDS, syphilis (*svay*) and "crête de coq", which he learnt from social workers from Mit Samlanh-FRIENDS. Sok says that HIV is transmitted through unprotected sexual intercourse (*room reak*), cuts from an unclean razor and ear piercing with an unclean needle above all. He has no friends or relatives living with HIV but is aware that an HIV infection does not necessary shows symptoms and must be checked through blood testing. He saw a patient suffering from AIDS in a hospital and was amazed by his skin diseases with spots all over his face and his thin body. As Sok perceives himself at risk, he decided to test his blood and was brought to a clinic by the social worker from the Boarding House (Mit Samlanh-FRIENDS). He is also very interested in getting further information about HIV/AIDS and STDs.

#### **Rotha, a 12-year-old waste picker who came onto the street three months ago (Interview # IV)**

Rotha was born in a village in Kompong Cham province. He is the eldest of three children. He spent three years at school but "I have forgotten everything now", he says. After his father died, he used to live with his mother, a fish seller; his grandmother, who was sick and stayed at home; and his uncle, a moto taxi driver. The family members did not get on well together: his uncle played cards and gambled and the house was full of tears and quarrels. Rotha's mother also drank a lot and made Rotha feel ashamed when she shouted and made trouble in the village. Three months ago, Rotha was persuaded by friends to sell his uncle's moto in order to gamble with the money. He did not dare go back home and went to Phnom Penh.

In the city, the boy went to the New Market and spent a few weeks in the World Vision Center there. But he says he was ill-treated by the elder children and finally left. Rotha is a clever, nice-looking and good-tempered boy, always smiling and joking. He seems almost happy and says he has no important problem at the present time. He quickly joined a group of waste pickers and made new friends. He

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<sup>28</sup> Sok is the only boy interviewed who reported female customers. Another case was reported by Mith Samlanh FRIENDS social workers.

is the youngest member of the group and enjoys the protection of a 16-year-old teenager who adopted him as his young brother. Beside his friend, Rotha also trusts two adults who provide advice to him: the boss (the man who buys waste from the children) and a teacher at Club Friends (Mith Samlanh-FRIENDS).

Rotha has no personal sex experience yet but he has been propositioned for commercial sex and is well informed of his friends' experience in that field. Rotha has so far refused all propositions because he earns enough money with his regular job and because he has been advised to do so by a man he trusts: "The boss of the waste pickers told me not to go [to accept a customer] because of STDs or ST... something. When you are infected with HIV, he told me, you can't recover. There is no outcome but death". He was once caught by a man (he assumed that it was a rapist) but eventually escaped with the help of his 16-year-old friend.

Rotha also goes to visit female sex workers along with his elder friend but he waits for his friend at the door and tries to prevent him from using sex workers because of the infection risk and because "those girls are not good girls like the girls living at home [with their family]".

**Chantha, a 17-year-old girl who left home three years ago and works in a nightclub (Interview # XXX)**

Chantha was born in a village near Udong in Kompong Chhnang province. She became the eldest of six female siblings when her elder sister died. She could not study much because her family was too poor to support her schooling. She studied for three years and then she had to help her mother sell vegetables at the market. Her father was a cyclo driver. Until she was six years old, Chanta lived with her grandmother: her parents could not raise her and moreover, they did not get on well together and the mother wanted to protect her daughter from her husband's violence. The whole family came to Phnom Penh when Chantha was still a little girl. Her parents then divorced and her mother now lives in a small house with her youngest daughters in Tuol Kork district.

Three years ago Chantha was kidnapped and sold to a brothel in Kompong Chhnang. She spent six months there until she could steal some money from a customer and took a taxi back to Phnom Penh. However she was ashamed to go home: when a girl disappears from her house and is forced to become a sex worker, as she was, the story cannot be kept from neighbours and relatives: "when a girl is not virgin anymore, everybody can see it", she says. She wandered in the street. "I knew nobody in Phnom Penh. So I went to 'Skee' place [an entertainment place near the Independence Monument] and I met with A Tha's mother [a woman who shelters street girls and probably brings them to bars and brothels]. I borrowed some clothes from friends I had made there and began to work and sell sex myself".

Once, she was given \$60 by a kind customer. This was an opportunity to resume the relationship with her mother by making her a gift. Her sick mother doesn't work anymore. She and her younger children are supported by her three eldest daughters (two work in factories and Chantha comes and visits from time to time, when she has money to give). Her mother knows that she is a sex worker now. Chantha worries a lot about her young sisters who cannot go to school any more because of the lack of money. She herself does not earn much in bars because

there is too much competition. She says she does not have any money saved so that "when I cannot find any customer, I just don't have anything to eat". This is the reason why she accepts customers under any condition, including unprotected sex.

However, her main problem today is not money, she says, but sentimental problems with her boyfriend. They don't get on well together because he relies too much on her. She left him a few days ago and now stays with a woman. But when Chantha doesn't bring food to share with this woman, she does not dare to come and sleep there. Nobody can help her, she says. "I don't have close friends. Nobody can help me when a problem occurs although I *do* help other people". In the past, she had some foreign boyfriends who used to help her but now, they have all gone back to their countries and life is not as easy as before.

Compared to her first bad experience in a brothel, Chantha appreciates the freedom she enjoys in her present work. "In Phnom Penh, I go [to work] whenever I want. If I don't want to go dancing one night, I just stay at home", she says. She usually spends the whole night with her customers in hotel rooms where she performs, as said above, all kind of sexual services because she badly needs money. Contrary to some other girls, most of her customers are not too bad with her. "Some feel sorry for me. They understand that I am still young and they just ask for normal sex [e.g. vaginal penetration]". Chantha drinks every night at work but she is not "too much drunk", she says.

Chantha has never caught an STD. She is well informed in this field because she used to go and visit the physicians at the Mith Samlanh-FRIENDS' Naga Center. She also has a good basic knowledge on HIV infection through radio and TV broadcasts as well as magazines. She perceives herself as a person at high risk and has had her blood tested twice because she had symptoms such as tiredness and loss of appetite.

### **Bopha, a 13-year-old girl stil at home (Interview # XXXX)**

Bopha's family came from Prek Loung (Kandal province) to Phnom Penh four years ago because they could not earn a living there. Her parents separated from each other for a while but they are presently living together in a small rented house in the area of Bassac. However, they still don't get on very well together. Bopha has two elder brothers (one left home and lives with his girlfriend) and one younger sister. Her father is a moto-taxi driver and her mother is currently embroidering handkerchiefs. But the family income is very low (her father's moto is old and often needs repairing). The family largely relies on the eldest son's salary. He is a cook in a French restaurant and gives \$40 a month to his parents (the mother wanted the second son to be a monk but he was not a good novice and left the pagoda).

Bopha went to school for two years and then had to help earn money for the household. In the morning, she goes to Club Friends and learns traditional dance along with her younger sister (they often perform shows at home for their parents). They have lunch there and then walk on the street and offer their weighing scale service until 9 or 10pm. Bopha cannot earn much money (1300 riel is a maximum, she says). Her most difficult problem at the present time is that she is afraid of coming back home every night because her mother blames her and even beats her when she does not bring enough money.

Bopha has had no sexual experience yet. She is well aware of the potential risk of being raped when walking on the street. Her mother repeatedly advises her to be careful and tells her stories about girls being kidnapped and sold to brothels. She usually walks with friends for protection. She has nevertheless been propositioned for sex several times by men in the street including cyclo drivers and sometimes had to get out of a cyclo in order to avoid trouble.

Like many other street girls, Bopha is already informed about bodily functions. Her mother as well as a doctor explained to her about periods (she does not yet have them) and when she walks on the street, she has many opportunities to watch sex stories through coffee shop doors. She heard about STDs and HIV/AIDS through TV and radio broadcasts but cannot remember clearly what they are.

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## **Annex 1. Oral Informed Consent**

### **Family Health International (FHI)**

**Name of Research Study:** *Key Informant Interviews of Street Children in Phnom Penh*

#### **Reason for the Research**

You are being asked to answer some questions for a study. We want to get a better idea of the lives of street children in Phnom Penh. We are interested in the AIDS risk of street children. Your answers will help us make better HIV prevention programs for street children. The Ministry of Health and other groups will also use this information to make better programs. The study is being done by FHI/IMPACT, Cambodia and Mith Samlanh. We will give you a copy of this paper if you want.

#### **General Information about the Research Methods**

If you agree to be in this research we will not take your name. We will ask you some questions about your life on the street.

#### **Your Part in the Research**

Your part in the research will take about 10 to 40 minutes. About 100 children will take part in this research in Phnom Penh.

If you agree to be in the research, you will be asked some questions about your age, education and travel. We will ask you about how you make money. We will ask about your sexual history and sexual behavior, and your job.

We will record the questions and answers on a tape.

#### **Possible Risks and Benefits**

Some of the questions might make you feel ill at ease. You can refuse to answer any questions. You can stop the interview at any time. A child advocate will be in the room during the questions. His/Her job is to make sure that you are comfortable. He/She may tell me to stop asking questions if you look tired or ill at ease. This study will help us to design programs in this area to slow down the spread of sexual infections and AIDS. We will give you advice to help you to protect your health from AIDS infection.

#### **If You Decide Not to be in the Research**

If you decide not to be in this research, you are free to refuse. If you say no you will still receive the same services here at Mith Samlanh.



- the Child Rights Advocate .....

If you have any questions about your rights while you are in the research you may contact:

- Dr. Kong Kim San, Chairman of the Medical Ethics Sub-committee of the Ministry of Health, National Tuberculosis and Leprosy Center, # 322 Boulevard Monivong, Chaktomuk, Phnom Penh, phone number: 364-220; or
- David Borasky, Institutional Representative, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, North Carolina 27709, USA, phone number: 00-1-919-405-1445, fax number 00-1-919-544-7261, email [Dborasky@fhi.org](mailto:Dborasky@fhi.org), or cable: FAMHEALTH

### **If You Have a Problem**

If you have a problem that you think might be related to taking part in this research, please call Philippe Girault of FHI/IMPACT Cambodia, phone number: 211-914 or Sebastien Marot, at Mith Samlanh/Friends, phone number: 012-802 155. If you need more help, we may give you a referral to another service.

## Annex 2. Interview Guideline

### [Biography]

- Where were you born (Phnom Penh, province, srok). *If in province, specify srok srae or phsar or ti roum khet.*
- Which year (how old are you) ?
- How many brothers/sisters do you have ? How many elder brothers/sisters? How many younger brothers/sisters?
- What is your parents' profession ?

### [Family split]

- (If from province) When (or at what age) did you leave your birth place and where did you go ?
- When did you come to Phnom Penh ?
- With whom did you make this/those travel(s) ?
- When did you leave your parents ?
- Why did you leave your parents ? Did you get into trouble with them ? If yes, what kind of trouble. *If necessary, suggest : violence, trouble with stepfather or stepmother.*
- Do you still have ties with some of your family members ? Who in your family? *(parents, grandparents, brothers/sisters) ?*
- Do you have any member of your family leaving with you in the street ? *(if necessary, suggest siblings, cousins ?).*

### [Life in the street]

- How do you earn your living now ? *(list different activities by asking several times "any other activity ?").*
- Was there any change in your "professional" activities ? (if yes, is it an improvement or deterioration?) *(assessment of any hierarchy in children's jobs).*
- Do you have good friends that you are confident in ?
- When you get into serious troubles, can you rely on somebody else or do you manage by yourself ? (policeman, friends, other street people). Are you protected by somebody and do you yourself protect somebody (friend, anybody else).
- Where do you sleep every night ?
- When you have money or when you have free time, where do you like to entertain (bars, "games places", restaurants with girls).
- Do you travel outside Phnom Penh ? (Cambodian provinces, Viet Nam, Thailand, Poipet) ?
- What are the main problems that you encounter in your daily life at the present time ?

**[Sexual activities]**

- Have you ever had any sexual intercourse with anybody ?
  - \* if no
- Have you ever been proposed sex by anybody ? (member of your family or neighbors where you were at home, other street people like cyclo, policemen, friends, foreigners, other Cambodian people)
- Have you ever been under pressure for having sex with anybody ? Pressure from whom ? How did you manage to refuse ?

\* if yes

- When did you have your first sexual intercourse ? With whom ? In which occasion ?
- In addition to the partners described above, did you have other partners ?
- Have you ever been under pressure for having sex with anybody ? Pressure from whom ? How did you manage ? How many times ?
- Are you sometimes drunk or sniffed or under any other substance when you have a sexual intercourse (with whom) ?

**[Sexual partners]****BOYS**

- **Customers**

- Some other young people told me that they have sometimes customers. Is it your case ?
  - If not, why don't you have such an activity ?
- Who are those customers ? (Westerners - men, women; Asians - men, women; Cambodians - men, women, such as cyclos, moto-doub)
- Usual customers or each time different ?
- How and where do you meet them (any special meeting place) ?
- Do you sometimes refuse some kind of services. If yes, why (you don't like the customer, you don't like what he/she wants from you).
- Have you ever had bad experiences with some customers (like violence or unexpected behaviors). How did you manage with that ?

1 - What kind of sexual intercourse do you have with them (*examples to be given if the teenager does not answer : anal penetration (who is active), oral sex, masturbation, others*). How long does it take each time ?

2 - Do you think it is risky for your health to have sex with them ? Do you think it is risky for their health to have sex with you ? In which way ?

3 - Do you use condoms with them ? (always, often, sometimes). Who decides about using condoms (do they generally want to have protected sex or not ? If not, can you negotiate the condom use ?).

Where do you get condom ?

4 - Are you sometimes drunk or sniffed or under any other substance during sex ?

5 - How many sexual intercourses per day or per week, per month ?

6 - What are your feelings when you perform those intercourses ?

- **Regular girlfriend** (one or several regular girlfriends). Who are they ?

- If you don't have any, why ?

1 - Who decides to have a sexual intercourse and the type of sexual intercourse (you, her, both together).

2 - What kind of sexual intercourse do you have with her/them [always the same or various games] (*examples to be given if the teenager does not answer : vaginal penetration, anal penetration, oral sex - you do it or she does it -, masturbation -you do it or she does it to you, others*).

3 - Do you think it is risky for your health to have sex with him/her/them ? Do you think it is risky for him/her/them health to have sex with you ? In which way ?

If yes, do you sometimes speak about those risks with him/her/them ?

4 - Do you use condoms with him/her/them ? (always, often, sometimes)

5 - Where do you get condom ?

6 - How often do you make love with her/them. How long does take each kind of game ?

(how many sexual intercourses per day or per week or per month)

- **Males friends** (street children, others).

1 - If not, why don't you play with some of your friends as some other children told me they do?

- If yes, who are they ? (younger, elder, same age, same status)

- Where does it occur ? When (when sleeping together, other)

2 - Who decides for having sexual games (you or him, both). In which circumstances does it occur (when sleeping together, just when feeling desire, when drunk, when sniffed).

3 - Is it important for you to have sex with those friends ?

4 - What kind of sexual intercourse do you have with her/them [always the same or various games] (*examples to be given if the teenager does not answer. Who is the active partner : anal penetration, oral sex, masturbation, others*). How long does take each kind of game ?

5 - Do you think it is risky for your health to have sex with them ? Do you think it is risky for their health to have sex with you ? In which way ?

If yes, do you sometimes speak about those risks with him/them ?

6 - Do you use condoms with them ? (always, often, sometimes)

7 - Where do you get condom ?

8 - How many partners per day or per week or per month. How many sexual intercourses with each one ? (*just try to assess frequency or number of partners*)

- **Sex workers or entertainment girls** (how many per day, per week, per month)

(Same questions)

## **GIRLS**

- **Customers**

- **Boyfriends**

- **Female friends**

**[health seeking behaviors]**

- Have you ever been badly sick when you were in the street ?
- Did you seek for treatments (which ones?)
  
- What do you know about STDs ? (*List different STDs or related symptoms*). How do people get infected ?
- Have you ever got an STD ? (*If the child does not know it, describe symptoms like pain when urinate, emission of pus, ganglions, spot on the penis*).  
If yes, how many times ? How did you cure it ?
  
- You have certainly heard about HIV-AIDS. What do you know about it ?
- Do you personally know somebody infected or sick with HIV-AIDS ?
  
- Have you ever tested your blood for HIV ? Why did you decide so ? Where did you go ? With whom ?
  
- Do you think you need more information about HIV-AIDS and STDs ?
  
- Before ending, is there anything else you want to tell me that could help me in my study and the future program ?