

# **Sewing a Better Future? Discussions with Young Garment Factory Workers in Cambodia about Life, Work, and Sexual Health**

## **Background**

This report analyzes findings from a series of Participatory Learning and Action (PLA)<sup>1</sup> activities that took place among young adult garment factory workers in Cambodia. The objective was to better understand the context of young adult decision making with regard to sexual-reproductive health issues; analyze relationships between young people, service providers, family members, factory managers, and the community; and explore communications about reproductive health issues and barriers to service use by youth.

## **Data and Methods**

A total of 77 participants, aged between 15 and 24, from three different garment factories were involved in the research. About 75 per cent of them were female, a proportion which approximately reflects the composition of the factory workforces. Discussions were held with single sex groups of between five and seven young people. Each group of participants took part in two or three full days of discussion. A number of PLA techniques were used in the study to explore with the young people the social and economic contexts within which they make decisions about sex and safer sex and their knowledge, attitudes and behavior relating to sexual health. The PLA techniques used are described in the CARE/FOCUS publication titled *PLA Tools in Action: Lessons Learnt During a Sexual Health Needs Assessment with Cambodia's Young Garment Workers*.

## **Findings**

- Most of the factory workers were single young women. Many participants expressed disappointment and concern that factory employment was not providing them with enough income to pay their living expenses in the city. Most worked overtime and were unable to take sick leave for fear of losing their jobs or wages. Relationships with supervisors generally were reported to be strained and sometimes hostile.
- Life in Phnom Penh was considered more interesting than life in the rural areas where most of the workers came from, but many of the young women felt that it was a dangerous city. Many expressed a desire to return to their families' homes eventually, and many young women reported that their mothers had always been their source of support when they had a problem. For the time that they remain in the city,

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<sup>1</sup> The PLA methodology involves an open, group process, and utilizes simple qualitative research techniques that help us learn from and with young people, service providers, parents and the community. For additional information on PLA, see Meera Kaul Shah with Rose Zambezi and Mary Simasiku, June 1999, *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*. Focus On Young Adults and Care International in Zambia. Washington, D.C. This is available on the FOCUS website: [www.pathfind.org/focus.htm](http://www.pathfind.org/focus.htm).

participants said they would like to find better positions within the factory or work elsewhere. Some of the workers wanted to continue with their studies.

- The participants revealed a mixed level of knowledge about puberty, fertility, and contraception. However, most of the young men and women named and described several contraceptive methods, and almost all had a basic knowledge of HIV/AIDS, although misinformation was rampant about the progression of AIDS and possible cures.
- Participants were concerned about their health, and especially about how their working conditions affected their health. They were afraid of illness, and believed that recovery almost always was the result of treatment. They used a mix of traditional and Western approaches, but expressed a higher level of confidence in traditional medicine, which they considered less invasive and more confidential than visiting a “modern” practitioner. Cost is a very significant factor in health-seeking behavior. Confidential and non-judgmental service is perceived to be very important for young people seeking treatment for sexual health problems.
- Parents and other older members of the community were considered good sources of health information, but participants also noted that the media provided a number of health education campaigns that served as an additional source.
- Female factory workers reported feeling vulnerable to violence and deception by men. Young men noted the custom of visiting commercial sex workers shortly after reaching puberty and continuing the practice throughout adult life. Sex workers were viewed as the source of all sexually transmitted infections. Men participating in the survey categorized women as friends, sweethearts who they did not plan to marry, and sweethearts who they planned to marry. Through role-playing, cartoons, and scripts, participants illustrated typical interactions between young men and women and how their relationships might progress.
- Condom use is recommended for avoiding infections from sex. The identification of commercial sex workers as the repository of HIV/AIDS and STIs means that condoms are strongly associated with commercial sex and with sex with people who are “not trusted”. Condoms are not considered appropriate for use with spouses or “trusted” sweethearts.
- Young women seemed particularly concerned about marriage and worried that they might marry the wrong man. Many expressed the desire to have their parents involved in choosing their husbands; if their parents were involved in the selection process, so the reasoning went, they would share some of the blame for a divorce, and thus would be more likely to provide support for their daughters. Regardless of whom they were to marry, young women assumed their husbands would have other sexual partners. Thus the women worried that they would be subject to sexually transmitted infections.

## **Implications**

- Given participants' insufficient knowledge about reproductive health matters, information and education programs are needed to specifically address how infections are transmitted through sex as well as to describe factors that increase the likelihood of HIV/AIDS transmission. Such programs should include information about condoms.
- Such educational programs need to avoid stigmatizing HIV-related diseases and to support open communication among young people.
- Further participatory research is needed to better understand the misinformation young people receive about sexual health issues and the social context of health-seeking and risk taking behaviors.

Source: Maclean, Alexandra. August 1999. *Sewing a Better Future? A Report of Discussions with Young Garment Factory Workers in Cambodia about Life, Work and Sexual Health*. : CARE International, in collaboration with the FOCUS on Young Adults program/Pathfinder International. Phnom Penh and Washington, D.C.

This study was undertaken jointly by CARE/Cambodia and the FOCUS on Young Adults program/Pathfinder International. Funding was provided by the U.S. Agency for International Development (USAID) under Cooperative Agreement No. CCP-A-00-96-90002-00.