

# **Dangerous Places: A Summary of the Findings of PLA Research with Policemen in Svay Rieng, Cambodia**

## **Background**

In March 1999, CARE International in Cambodia received funding from USAID, FOCUS on Young Adults, and CARE International to implement Participatory Learning for Action (PLA)<sup>1</sup> research through the Border Areas HIV/AIDS Prevention Project (BAHAP). BAHAP is a regional project, implemented by CARE International, to provide STIs/HIV/AIDS messages and services to persons on the border areas of Cambodia, Thailand, Laos, and Vietnam. These areas have been identified as “high risk” due to unsafe sexual encounters that form as a result of social vulnerability and patterns of sexual exchange for money, shelter or other means of survival. These risks are especially pronounced among young people, many of whom have limited access to resources, limited power, and responsibilities to support their families. The aim of the project is to promote behavioral and contextual change in an effort to make these areas safer environments.

Since HIV sentinel surveillance surveys revealed that HIV was spreading rapidly among young adults (aged 15-29 years), the main focus of the PLA research was on young people. Police officers in Svay Rieng town were chosen as a suitable target group. Police work is a popular career choice for young men, as other economic opportunities in the area are limited. Furthermore, they are important “gatekeepers” in the community. Many HIV/AIDS prevention initiatives – for example, the national 100% condom use policy in brothels -- rely on police support for their success. Therefore, the police are an important, if under-utilized, resource in the fight against AIDS.

While little information is available on the sexual attitudes and behaviors of policemen, national HIV sentinel surveillance and behavioral surveillance surveys have identified the police as vulnerable for contracting STIs. Policemen were selected to participate in this process in order to understand their own risks and to appeal to their roles as gatekeepers and “protectors” of the safety of young people.

The study had four main objectives: (1) to better understand the health-seeking behaviors of police in Svay Rieng town; (2) to identify the levels of knowledge and attitudes of the police in the area of STIs/HIV; (3) to understand the sexual relationships and behaviors of these men; and (4) to assist the police to learn, share, and analyze their sexual health knowledge, attitudes, and behaviors.

## **Methods**

---

<sup>1</sup> PLA is a set of techniques employed to engage community members, including young people, to analyze their risks and behaviors and identify social institutions and appropriate responses to create healthier and more supportive environments. To learn more about PLA, see: Meera Kaul Shah with Rose Zambezi and Mary Simasiku, 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. and Lusaka, Zambia. June.

For the PLA research, 14 police officers in Svay Rieng, Cambodia were chosen to be PLA participants. Preparation for the PLA research process involved training and support of research teams at two different levels: (1) training of BAHAP regional partners; and (2) identifying, training and supporting the BAHAP Cambodia research team. A draft framework for adapting PLA tools for work with the police was developed during a regional PLA training workshop. The fieldwork with the police took place over a three-day period on the grounds of the police headquarters. During the research, the BAHAP Cambodia research team divided into two groups of three persons, with each group paired with a group of seven police participants, grouped by rank and age.

## **Findings**

### ***Sexual Health Problems***

- All the participants had a considerable amount of knowledge about HIV/AIDS, expressed fear of contracting the disease, and talked confidently about transmission and prevention. They know that condoms prevent the transmission of HIV/AIDS and STIs. However, they are generally not clear how infections are transmitted during sex. Some believe that HIV/AIDS is contained in the sexual organs, while others are aware that bodily fluids carry the virus.
- All the participants rated HIV/AIDS as the most severe sexual health problem for men. STIs, other than HIV/AIDS, are not considered to be serious. No participant mentioned any connection between the transmission of HIV/AIDS and prior or simultaneous infection with an STI. While some STIs are believed to be potentially fatal, inexpensive treatments can be bought that the participants believe to be effective.
- The participants reported that they had seen or heard television and radio broadcasts about HIV/AIDS. They also reported seeing posters about HIV/AIDS in dancing bars, guesthouses, hotels, and restaurants, and that the message in is to use 'Number One' condoms<sup>2</sup>, rather than to stop having sex. They also interpret these media messages as sanctioning commercial sex provided they use condoms, and as recommending one-to-one partners<sup>3</sup> as an alternative strategy for avoiding HIV/AIDS.
- Infection with HIV/AIDS is perceived to carry serious social stigma. The participants stated that hospital staff would not want to tell a patient that he/she was infected with HIV/AIDS because 'they would be afraid to affect our honor'. The participants expect that there would also be serious social consequences for the family of an HIV/AIDS positive person. In addition, the participants had very negative expectations of behavior from people with HIV/AIDS, suggesting that such people might deliberately infect other people with the disease.

---

<sup>2</sup> Number One is a brand of mid-priced condoms, considered to be good quality. It is widely available in Svay Rieng town.

<sup>3</sup> One-to-one relationships are interpreted quite widely and do not necessarily refer to a mutually monogamous relationship, nor necessarily take account of previous sexual partners either partner may have had.

### ***Health-Seeking Behaviors:***

- The participants access both Western and traditional medicine for treatment of their health problems. Therapies from Western and traditional medicine may be combined, as treatment combinations are felt to be necessary to achieve an effective cure, or may cure a patient sooner than a single cure. Traditional medicine is popular for treating STIs because it is cheap and believed to be effective.
- Most of the participants did not express an overall preference for a particular treatment, but evaluate their options according to a number of criteria: perceived efficacy of the treatment; cost; convenience; confidentiality of the service and quality of the service.

### ***Sex and Relationships:***

- The participants explained that men always initiate relationships with woman and always initiate sexual activity. Before having sex, “normally, the man tells the woman that he loves her and will be sincere to her forever.” The participants stated that the man is concerned about catching AIDS from the woman, and that he is probably planning to end the relationship as soon as he has had sex with her.
- Participants consider themselves to be in complete control of their wives’ risk of infection with HIV/AIDS and other STIs. They also believe that unprotected sex with their wives presents no risk of infection to themselves.
- Commercial sex workers are perceived as likely to be infected with STIs, and are believed to be responsible for the spread of HIV/AIDS and STIs. This is consistent with their understanding that certain places are dangerous (such as locations where commercial sex is available), rather than that certain activities carry risk, such as penetrative sex without a condom.
- It is easy to obtain condoms, which are considered “cheap”. Condoms are perceived to diminish sexual pleasure for both men and women and to add “distance” to a sexual relationship. Participants do not use condoms with their wives, but some do so with their sweethearts. Condoms are also strongly associated with commercial sex workers.

### **Implications**

- The participants are still unclear about how diseases are transmitted through sex, and this is likely to make it very difficult for them to assess the risk involved in different sexual activities. Similarly, the context of the participants’ evaluation of the treatment options for STIs is one of limited knowledge and misinformation. An underestimation of the risks of having an STI, both directly and as a catalyst for HIV transmission, prevents them from making fully informed decisions. Confusion about the difference between HIV and AIDS, and lack of knowledge about asymptomatic phases of different STIs are likely to give the participants misplaced confidence that they, and their sexual partners, are free from infection, and that treatments have been effective.

- Risk assessments of sexual activities are also based on the social norms dictating sexual behavior, leading to potentially dangerous assumptions about other people's sexual behavior. Social norms governing sexual behavior are also likely to affect the ability of people to negotiate for safer sex. Women who have sex with their boyfriends are expected by men to be more concerned about the possibility of pregnancy than the possibility of infection. While it may seem that this would enable them to negotiate for condom use, men's knowledge – not always accurate – of non-barrier contraceptive methods may make this difficult.
- Policemen are necessary participants in a successful border project aimed at young people, due to their own risky behaviors and the power and influence they exert in border areas.

Source: Maclean, Alexandra and Caroline Francis. *Dangerous Places: A Discussion of the Process and Findings of PLA Research with Policemen in Svay Rieng, Cambodia*. Phnom Penh, Cambodia: CARE International, 2000.

This study was supported by the U.S. Agency for International Development (USAID)/Asia-Near East Bureau through funds provided to the FOCUS on Young Adults Program/Pathfinder International under Cooperative Agreement No. CCP-A-00-96-90002-00.