

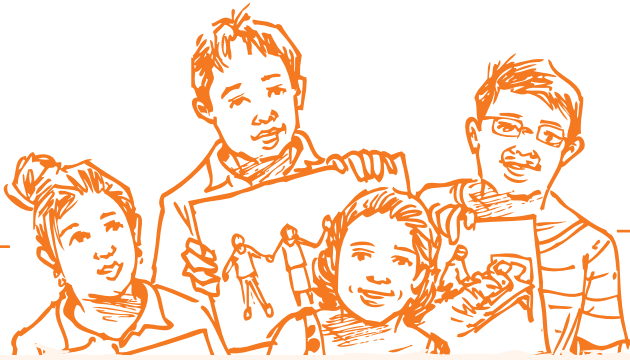
Understanding and Challenging HIV Stigma toward Entertainment Workers

Toolkit for Action





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Pact and ICRW developed the toolkit on a collaborative basis with Pact's local NGO, Cambodian Women for Peace and Development (CWPD), and with Khmer Women Corporation for Development (KWCD), and Save Incapacity Teenager (SIT). These organizations work closely with and provide support and services to entertainment workers (EWs). Entertainment workers linked to these organizations attended the initial toolkit development workshop where they shared their stories and analysis on entertainment worker stigma, which helped to shape the content of the toolkit. After a training-of-trainers workshop, the three organizations tested out the toolkit in the field with their own groups and communities. Based on the results of the field test, the toolkit was revised and finalized.

NGO staff who participated in the final review workshop included Sao Chinda (CWPD), Ngoun Sokhon (CWPD), Yok Someta (KWCD), Thun Sokuntheary (KWCD), So Socheat (KWCD), Kheng Vaneth (SIT), and Yet Sokalyan (SIT). The National AIDS Authority also contributed to the final review of the toolkit, through inputs from Dr. Mony and Hout Sereyloth.

The toolkit pictures were produced by Am Reaksmei, a Cambodian graphic artist. The toolkit was designed by Novadesign in Cambodia.

The toolkit was newly developed for the situation facing entertainment workers in Cambodia, but it is inspired by the ideas and experience of many organizations working to reduce stigma, and it draws on materials and ideas from other manuals on this subject, including:

Understanding and Challenging HIV Stigma: Toolkit for Action, International Center for Research on Women, International HIV/AIDS Alliance, and Academy for Educational Development, 2007

Feedback: Understanding and taking action to reduce stigma toward entertainment workers is an ongoing process that can only improve as we build on practical experiences from the field. We would be most interested in any feedback and comments on this toolkit. Please send your feedback to: info@pactworld.org or info@icrw.org

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Acronyms

CBO	Community-based organization
EW	Entertainment worker
HCW	Health care worker
HIV	Human Immuno-deficiency virus
MSM	Men who have sex with men
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PE	Peer educator
PF	Peer facilitator
PLHIV	People living with HIV
STI	Sexually transmitted infection
VCCT	Voluntary and confidential counseling and testing

Special Note: Acronym “EWs”

We have used the acronym “EWs” for “entertainment workers” in order to shorten the text and make reading easier. However, we would discourage the use of this acronym in workshops and instead promote use of the full phrase. In workshops where there are people who are entertainment workers, ask them how they would like to be addressed.

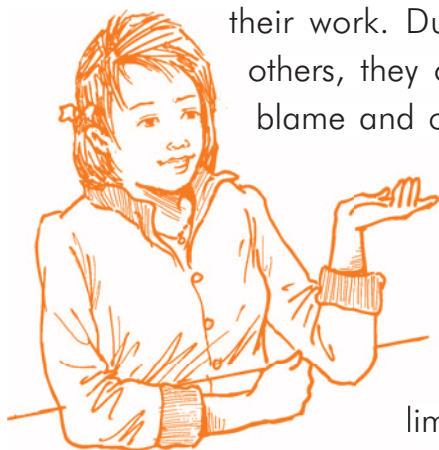
Why a Toolkit on Stigma toward Entertainment Workers?

There is a growing recognition in Cambodia that stigma and discrimination toward entertainment workers (EWs) plays a key role in increasing the vulnerability of EWs to HIV infection. Following the startup of the 100% Condom Use Program in 1999, there have been increasing efforts by the Cambodian government and civil society to address stigma and discrimination toward EWs, as well as EW vulnerability to HIV.

Entertainment workers face many forms of stigma and discrimination:

- ➔ They are often blamed and shamed at home, and in some cases forced to leave home.
- ➔ They are often badly treated in the community and banned from some social gatherings.
- ➔ They are frequently verbally abused and sexually harassed by clients, managers, and the police, and in some cases face sexual violence
- ➔ They may be mistreated at health facilities and as a result, find it difficult to access health services.

EWs, particularly if they are engaged in sex work, are often forced to live a hidden existence, cut off from their families and the community, and having to hide their work. Due to the stigma and discrimination EWs experience from others, they often stigmatize themselves ("self-stigma") by accepting the blame and condemnation of society, which often leads to self-isolation.



In some cases, families of EWs are also stigmatized because of the EW family member. This may push families to turn on and reject EWs.

Stigma is a major barrier to EWs' accessing testing and treatment for HIV and STIs. Many health workers have limited knowledge about EWs, so they may have the same stigmatizing attitudes as the public. As a result they may deal with EW patients in a hostile and discriminatory way, for example, keeping them waiting, using insulting language, gossiping and breaking confidentiality, providing poorly done and rushed examinations.

Experiencing stigma and discrimination makes EWs feel alone, despised, and rejected. This destroys self-esteem. EWs may begin to doubt themselves. As a result, EWs may take less care about their sexual health, e.g., not using condoms regularly and consistently with all sexual partners. If they have HIV or STIs, EWs may find it difficult

to tell a sweetheart for fear of losing him. As a result of all of the above, EWs are at increased risk of contracting HIV, and if infected, they may pass HIV to their clients and sweethearts. In this way, stigma toward EWs helps to fuel the general HIV epidemic.

Stigma toward EWs is rooted in lack of knowledge about EWs and in people's perceptions of gender roles, and cultural and religious norms. People make moral judgments about EWs, saying they have broken social norms.

Entertainment workers who also engage in sex work have been a major focus of HIV prevention efforts in Cambodia over the last decade. Through the 100% Condom Use Programme, the Cambodian government developed an effective program to promote high levels of condom use and regular testing for STIs, involving large numbers of entertainment workers in HIV prevention through a collaborative effort of entertainment workers, NGOs, CBOs, entertainment establishment managers, health workers, local government, and the police.

In February 2008, however, the Cambodian government made sex work illegal by passing the Law on the Suppression of Human Trafficking and Commercial Sexual Exploitation. This law aims to reduce trafficking and sexual exploitation of women and girls by criminalizing any form of commercial sex. The National AIDS Authority recognized that the new law undermines HIV prevention efforts, and it is trying to find ways to accommodate the new law while trying to create a more empowering environment that respects the human rights of entertainment workers and removes stigma and discrimination so that EWs can access prevention and care services.

The toolkit is written to support these efforts, in particular to:

- ➡ Raise the understanding of service providers and the community about EWs and about how stigma and lack of human rights fuels HIV transmission.
- ➡ Build public recognition of the problem of stigma and discrimination toward EWs and public support and commitment to stop stigma and discrimination.
- ➡ Get health workers and other service providers to start developing new codes of practice for how they counsel, test, and treat EW patients.

A key aim of the toolkit is to help entertainment workers break out of a life on the margins, build improved relations with their families and communities, reassert their rights, protect themselves from HIV and other STIs, and get better access to health services.

What Is the Toolkit?

What Is the Toolkit?

The toolkit is a collection of educational exercises to help explore, understand, and challenge stigma and discrimination toward entertainment workers (EWs).

It uses a participatory approach, based on discussion, small group activities, pictures, stories, and other methods to make the learning lively and fun. The aim is to get participants actively involved in thinking about these issues, rather than passively listening to a lecture. Participants learn through sharing ideas and experience, discussing and analyzing issues, solving problems, and planning how they can take practical action to challenge stigma. This approach fosters a sense of responsibility on the part of participants, which is the first step toward practical action.

The toolkit is written for you, the facilitator. It provides detailed, step-by-step instructions on how you can plan and facilitate these sessions.

To use these exercises, you will need basic facilitation skills, i.e., the skills needed to facilitate large and small group sessions, to use different participatory activities (e.g., card-storming and role-playing), to summarize key points, and to involve all participants. These skills and techniques are explained on pages 10-18 at the end of this chapter.

Who Is the Toolkit for?

The toolkit is for individuals and organizations that are working to stop stigma and discrimination toward EWs. In Cambodia, this work has been started by a number of NGOs and CBOs who are working with EWs, community groups, service providers, and others on these issues. One of its aims is to help health workers, police officers, and community members become more aware of stigma and discrimination toward EWs and what can be done to change it.

How Is the Toolkit Organized?

The toolkit is organized into an introductory chapter and two parts:

Part One: Exercises for EWs only

Part Two: Exercises for service providers, the police, and the community

Part One has a single chapter including 11 priority exercises to be used by EWs. These exercises will be conducted in the EWs' workplace, usually facilitated by peer facilitators or peer educators.

Part Two consists of four chapters:

Chapter A: Naming Stigma and Discrimination toward Entertainment Workers

Chapter B: Sexuality

Chapter C: Entertainment Workers and HIV

Chapter D: Moving to Action

How to Use the Toolkit

The toolkit is a collection of optional exercises designed to be used in a flexible way for different target groups or learning situations. You can select those exercises that suit your target groups, your objectives, and the time you have for training. You can use the exercises in any order and in any combination, as appropriate for your group.

You may use the exercises with a single target group (e.g., health workers or EWs) or with a mixed target group, e.g., combining health workers, EWs, and community members together. You may want to run a three - to five - day workshop or a single community meeting or short sessions given once a week over several weeks (say to a EW support group or the staff of a health facility) or two or three exercises introduced as part of a longer and broader training program on HIV and AIDS.

You will decide how to select and package the exercises to make your own training program.

You can select exercises from any of the chapters, although Part One is designed only for EW groups. There are lots of optional exercises using different methods to keep trainers and participants interested. Different trainers like different types of activities.

You will find one example of a training plan for health workers on the following page.

Use the Toolkit for Participatory Learning

The toolkit is designed for participatory learning, so it should not be used for a lecture. Changing stigmatizing attitudes and discriminatory actions requires more than giving people information or treating people as a passive audience for a lecture. People learn best through discussing with others and figuring things out for themselves.

The process to change attitudes and behaviors needs to be participatory, in which people get a chance to express and reflect on their own ideas and feelings, share with



and learn from their peers, and discuss and plan with others what can be done to challenge stigma. The idea is to create a safe space where participants can express their fears and concerns, freely discuss sensitive and "taboo" issues, such as sex, and clear up misconceptions.

Help Participants Move from Awareness to Action

The toolkit is designed to build awareness and action, so you should also include sessions that work on solutions to problems and plan for action. The aim is to help people agree on what needs to be done and support each other in working for change. So encourage participants to put their new learning into action, to start challenging stigma in their own lives, families, and communities.

Sample Program: Three-Day Workshop for Health Workers

Day One	Day Two	Day Three
Introductions	Breaking the Sex Taboo (B1)	HIV Transmission & EWs (D2)
Naming EW Stigma through Pictures (A1)	What Do We Know about EWs: Review (B2)	HIV Risk Factors Related to EWs (D3)
Stigma toward EWs in Different Contexts (A4)	Myths & Misconceptions (B2)	EWs and Human Rights (E2)
Our Experience of Stigma (A7)	Relationships with Others (B5)	Challenge What People Say about EWs (E3)
The Blame Game – Things People Say about EWs (A9)	How Stigma Fuels the HIV Epidemic (A11)	Start with a Vision – A World without Stigma (E1)
Forms, Effects, and Causes of EW Stigma (A11)	Stigma & Discrimination toward EWs in Clinic (A13)	Action – Writing a Code of Conduct (E5)
Homework: Quiz – What do we know about EWs (B2)		

The Exercises or Session Plans

Each exercise in the toolkit is written up as a session plan, a detailed, step-by-step description of how to facilitate the learning exercise. The session plans will help you run each session.

Each session plan is divided into the following parts:

Facilitator's Note: A brief note to the trainer on the importance of this exercise or extra advice on how to facilitate it.

Objectives: What participants will know or be able to do by end of the session.

Time: Estimated amount of time needed for the session. This is a rough estimate; the time will vary according to the size of the group. Larger groups will require more time (especially for report backs).

Materials: Pictures, case studies, role-plays, etc., which are used in the session. We do not list basic materials, e.g., flipcharts, markers, masking tape.

Steps: The learning activities used in the exercise, described "step by step," with the learning content. The steps are the core of each session plan. This section includes information on:

- ➡ **Methods:** Discussion, rotational brainstorm, card-storming, role-plays, etc.
- ➡ **Groups:** Buzz or small groups; suggestions on group size and tasks
- ➡ **Questions:** Specific questions used to guide discussion.

The Exercises or Session Plans

- ➡ Examples of Responses: Examples of typical responses – presented in boxes. This helps you (the trainer) understand the kind of responses expected from the discussion. They are not the required output – they are only examples, and are not meant to be read out as a lecture. Many of them are the actual responses from pilot workshops to test this material. They are simply a checklist to help you understand the type of responses expected. They can help you identify issues that you may want to raise, if participants do not raise them.
- ➡ Report Back: Procedures for groups giving reports after discussion.
- ➡ Processing: These are additional questions and discussion, conducted after the report back, to help deepen the understanding. Processing is relating the new learning to participants' own context.
- ➡ Summary: Points to be emphasized in a summary at the end of the session. The summary is very important, so allow enough time at the end of the session to do the summary. Start off by summarizing participants' own ideas, then add the ones in this list if participants have not already mentioned them.

Tips for Facilitating Participatory Workshops

Part A – General Facilitation Tips

Working as a Team

- ➔ Plan and run the workshop with another facilitator, and take turns in the lead role.
- ➔ One facilitator can lead the session while the other records on the flipchart and helps with physical preparations.
- ➔ Plan the workshop beforehand together, and decide who will lead each session.
- ➔ Support each other. If one facilitator runs into trouble, the other can help him/her out.
- ➔ Meet at the end of each day to debrief how the day went and plan for the next day.

Arrival

- ➔ Arrive at the venue an hour before the starting time in order to get everything organized and welcome participants when they arrive.
- ➔ If participants arrive while you are setting up, don't just ignore them and carry on. Welcome them and make them feel comfortable, help them get registered, etc.

Preparation

- ➔ The more preparation, the smoother the workshop will go, and you will save time.
- ➔ Physical Preparations
 - a) Remove tables to allow participants to move around and make the workshop less formal.
 - b) Set up the chairs in a circle or semi-circle so that everyone can see each other.
 - c) Set up a table for materials: handouts, markers, tape, flipchart paper, cards, etc.
 - d) Arrange the materials. Put up blank flipchart sheets for recording, write up flipchart instructions for exercises, cut up paper for card-storming, etc.
- ➔ Think about how best to facilitate each session. What is the objective of the session, and what do you have to do to ensure that the session meets its objective? What is the best way of explaining each exercise or of asking questions? What examples can you give if the group doesn't understand clearly what you mean? What extra information or ideas can you provide in the summary?

Tips for Facilitating Participatory Workshops

Workshop Opening Activities

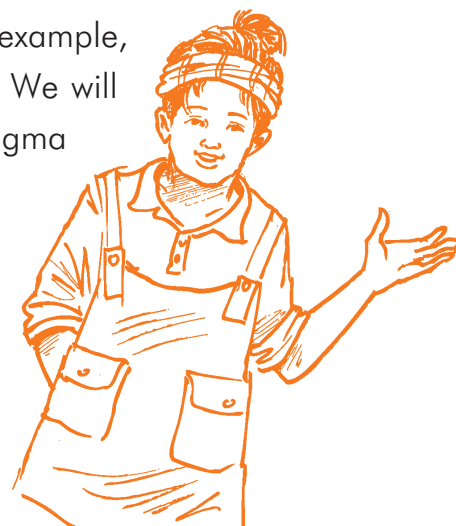
- ➔ Organize games or songs to break the ice, build a sense of community, and help participants relax and have some fun.
- ➔ Ask participants to give their “expectations” about the workshop and then explain the objectives, i.e., what the workshop will do and what it will not do.
- ➔ Agree on ground rules, e.g., confidentiality, active participation, listening, cell phones off.

Breaks

- ➔ Organize breaks to allow participants to rest and get some food or drinks to re-energize.
- ➔ Check with whoever is preparing the food so that it is ready when you need it.

Giving Instructions for Exercises

- ➔ Start off by telling participants what the exercise is. For example, “The first exercise is ‘Naming Stigma through Pictures.’ We will look at these pictures in pairs and discuss the kinds of stigma we see in these pictures.”
- ➔ Explain one step in an exercise at a time and get participants to do that step, e.g., say, “Divide into pairs” and then have them do it. Then explain the next step, “Each pair should select one of the pictures on the wall,” and get them to do it. If you take them through all the steps in the exercise before asking them to do any, they will just become confused, and it wastes time.
- ➔ Keep your instructions simple and clear, and use examples to help with understanding.
- ➔ If participants have blank looks, check that they have understood: “What are you being asked to do or discuss?”
- ➔ Write the instructions or discussion questions on a flipchart, and use the same words that you plan to use in explaining the instructions or questions.



Tips for Facilitating Participatory Workshops

Organizing Group Work

- ➔ Give clear instructions on what the group is expected to do: a) the questions to be discussed, b) the reporting method (e.g., verbal, using flipchart, or drama), and c) the time limit.
- ➔ If the task is difficult, write instructions on the flipchart so that everyone is clear.
- ➔ Then divide into groups (see below).
- ➔ After groups are formed, go around to each group to check that they are clear about the task. Ask them to explain what they are expected to do, to see if they understand.
- ➔ Allow the groups to complete the task on their own, but make yourself available to answer questions, and remind them about the time remaining and how they are to report.

Dividing into Groups

- ➔ In dividing into groups the aim is to mix participants up, to get them working with different people. Keep changing the members in a group for each exercise.
- ➔ To achieve this objective, select groups on a random basis. Decide on the desired number of people in each group (e.g., six people) and divide the total number of participants (say, 24) by this number to determine the number of groups, i.e., four. Then count off around the group: “1, 2, 3, 4, 1, 2, 3, 4, etc.,” and ask the ones to form a group, twos to form a group, etc. Or call out four different names, such as “mango ... orange ... banana ... coconut ... mango ... etc.” and ask the “mangos” to form a group, “oranges” to form a group, etc. Or form groups using “Love 1, Love 2, Love 3.”
- ➔ In deciding on the group size, you will need to think about the following:
 - Large groups (e.g., five to nine persons) mean less participation, but the report back takes less time.
 - Small groups (e.g., two to four persons) mean more participation, but more groups to report so it takes longer.
- ➔ Some group work can be done in “buzz groups” (pairs); everyone gets a chance to talk.

Tips for Facilitating Participatory Workshops

Report Backs

After groups have completed their work, they will be expected to report back. There are different ways of doing this:

- ➔ Round robin reporting: Each group presents only one point at a time going round the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalize contributions by different groups and avoids repetition.
- ➔ One group, one topic: Each group reports on a different topic or question.
- ➔ Only one question: Groups report on only one of the questions discussed: the key question.
- ➔ Creative report: Groups give their report in the form of a picture or role-play.
- ➔ Report back in paired groups: Sometimes you can have two small groups meet and share what they have learned. The smaller numbers allow for a more intense discussion.

Recording on Flipchart

One facilitator should take notes on plenary discussion on the flipchart. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas and provides the basis for a summary of the discussion. Here are a few tips on recording:

- ➔ Write only the main points or key words, not everything that participants say.
- ➔ Use participants' own words so that they recognize their own contributions.
- ➔ Write large and clear (ideally capital letters) so people at the back of the room can see.
- ➔ Use different colors, e.g., black for the main text and red for underlining key words.

Tips for Facilitating Participatory Workshops

Giving Summaries

At the end of each exercise, after participants have fully discussed the issue, you should give a brief summary of what participants have mentioned that they learned. The summary is important. This is the time you help participants consolidate what they have learned, so make sure you give yourself enough time to do it well. Here are a few tips:

- ➔ Make your summary on the basis of:
 - what participants have said during the session
 - other points that may not have been mentioned (see list at the end of the exercise).
- ➔ If you have the time to prepare, write your main points in key words on a flipchart and then explain them.
- ➔ Keep it short and simple; no more than ten minutes.

Managing Energy

Check on energy level at regular points in the workshop – and respond if energies are low.

- ➔ Observe their body language. Are they yawning? Do they look bored? Tired?
- ➔ Ask, “How are you feeling? Is it time for an energizer or a break?”
- ➔ When people are tired, change the activity to get more participation (e.g., break into buzz groups or do an activity standing up) or do an energizer or take a break.
- ➔ Use your own energy as a facilitator, communicated through a strong voice and active body language, to energize the group.

Managing Space

Change the space and the organization of the chairs to suit your activity and provide variety:

- ➔ Start off with a circle or semi-circle so that everyone can see each other.
- ➔ For some activities, e.g., report backs, use a formation with participants sitting in rows close together. This adds energy and helps everyone hear better.
- ➔ Change the front of the room from time to time, suited to the activity.
- ➔ Where possible, organize some activities outside the training room in the open air.

Tips for Facilitating Participatory Workshops

Timing and Pacing

- ➔ Be time conscious. Decide how much time you need for each session, and work to these time limits. Don't allow sessions to drag on too long!
- ➔ Remember: Small group work takes more time than you expect. You will also need to allocate time for report backs.
- ➔ Don't go too fast. Let the group help you set an appropriate pace.
- ➔ Do small group work in the afternoon when the energy levels drop.
- ➔ Give small groups enough time to do their work. Don't rush them.
- ➔ Close on time! Don't drag things on forever at the end of the day.

Action Planning

- ➔ At the end of the workshop, get participants to develop an action plan for how they are to use what they have learned from the workshop.
- ➔ Get participants to think about what they can do individually (e.g., changes in their own lives) and what they can do as a group (e.g., things they can do to challenge stigma).

Evaluation

- ➔ Organize an evaluation at the end of each day.
- ➔ Hand out a one-page questionnaire (e.g., likes, dislikes, what was learned, issues needing more discussion) and ask participants to complete it. This helps to identify problems or issues that need to be addressed, and it helps you improve the running of the workshop.
- ➔ Summarize the main points from the evaluation the following morning.
- ➔ Don't be defensive about the evaluation comments; try to learn from the feedback.
- ➔ Organize an evaluation at the end of the workshop.

Tips for Facilitating Participatory Workshops

Part B – How to Facilitate Discussion

Discussion is the core activity, so as a facilitator you need to be good at facilitating discussion, asking good questions, listening actively, rephrasing, and encouraging everyone to participate. Here are a few tips:

Open Questions and Probing

- ➔ One of your main tasks as a facilitator is to ask effective questions:
 - Open Questions. Questions that encourage many different opinions, to get all participants talking and contributing.
 - Probing Questions. Follow-up questions to get more information.
- ➔ Probing is to ask more questions to get participants to give more information on an issue, find out the views of other people, find out how people feel about an issue, or look for solutions to the problem.

Active Listening

- ➔ After asking each question, listen carefully to what each person says. Give him/her your full attention and concentrate on what s/he is saying.
- ➔ If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.
- ➔ Active listening is crucial to leading the discussion. If you don't know what the person has said, it is hard to ask the next question or shape the flow of discussion.
- ➔ Active listening involves:
 - Eye contact. Looking at the person most of the time to show interest and understanding.
 - Encouragers. Signals to the other person that you are listening, e.g., nodding your head, saying things like “Yes. ... Okay....I see....That’s interesting.....Tell me more....”
 - Rephrasing to check that you have understood what the person is saying.

Tips for Facilitating Participatory Workshops

Rephrasing

- ➔ Rephrasing is to make a summary of what someone has said in your own words: "What I heard you say is that you want to ____."
- ➔ The aim of rephrasing is to show the speaker you value what s/he has said, to help clarify it, and to help others add on their own ideas.
- ➔ Rephrasing helps to ensure that you and the group have heard correctly what the person said. It also helps the recorder; it gives him/her a clear summary of what was said in a few words.
- ➔ Rephrasing leads into another question, e.g., "Do others agree?"

Encouraging Participation

In some workshops, you will find a few participants dominating, e.g., often older men. Look for ways to get others involved and to get the talkers to talk less:

- ➔ Use the ground rules as the basis for encouraging everyone to contribute.
- ➔ Thank the big talker for his contribution and say, "We would like to hear from everyone."
- ➔ Ask questions to the silent and praise their responses; this will encourage them to talk.
- ➔ Divide into pairs (buzz groups) to get everyone talking.
- ➔ Go around the circle getting one point from each person.



Handling Sensitive Issues

You have to be prepared to manage sensitive issues, e.g., talking about sex. Here are some tips:

- ➔ Start with yourself. Prepare yourself to discuss these issues without feeling uncomfortable.

Tips for Facilitating Participatory Workshops

- ➡ Build an open atmosphere in which participants feel comfortable talking about these issues. The body mapping exercise helps to get people talking about body parts and about sex.
- ➡ Get a reading of the group's body language to help you decide when to probe further on an issue and when to back off. People who don't want to discuss something may avoid eye contact or have their arms crossed across their chest.

Part C – Specific Workshop Techniques

Introduction

The exercises in the toolkit use five main techniques, along with discussion and small groups:

Technique	What happens?	Exercises
Card – Storm	Working in pairs, participants write single points on cards. The cards are taped on the wall, creating a quick brainstorm of ideas, which are then “clustered,” prioritized, and discussed.	A2, A10, B2, D1
Rotational Brainstorm	Flipchart sheets, each with a different topic heading, are taped on different walls of the room. Groups of participants move around the room writing a few ideas on each topic and then move to the next flipchart sheet.	A4, A9, D1
Case Studies	Written descriptions of real situations facing EWs are used as the focus for discussion and problem solving.	A6, A11, A12, EW2
Paired Role-Playing	Participants, working in pairs, act out different situations or how they can solve a certain problem.	C3, EW3
Individual Reflection	Participants sit on their own and think about a situation in their lives when they were stigmatized; then they share.	A7, C1

Tips for Facilitating Participatory Workshops

Tips for using each technique are described below.

Card – Storm

- ➔ Prepare materials – cards (half sheets of paper), masking tape strips, cards, and markers – and make sure you have enough cards and markers and that the markers are not going dry.
- ➔ Put up topic cards along the upper wall: categories/questions for the card-storm.
- ➔ Put up a few example cards of what participants are expected to write.
- ➔ Divide into pairs and hand out cards and markers to each pair.
- ➔ Explain the task – “Write points on _____ – one point on each separate card. Check what others are writing so you don’t repeat points which are already on the wall.”
- ➔ Encourage participants to start writing. As cards get written, tape them on the wall.
- ➔ After enough cards are on the wall, ask a few participants to eliminate repetition and cluster common points (put common points together) under different categories.
- ➔ Ask those who did the clustering to read out the points.
- ➔ Ask people to clarify points: “What does this mean? Examples? Anything missing?”
- ➔ Prioritize the points and then focus on the most important points (processing).
- ➔ Processing – What does it mean to you? Your experience? Solutions?

Rotational Brainstorm

- ➔ Preparation. Put up topic headings on different flipchart sheets and tape on different walls of the room. Make sure there is room between each sheet. Put markers at each flipchart.
- ➔ Give clear instructions about the task: What groups should discuss/write, the rotational system, and what direction to move in, etc. Check that people understand the task.
- ➔ Divide into the number of groups for the number of topics, and assign each group a topic.

Tips for Facilitating Participatory Workshops

- ➔ Ask groups to start discussing the topic and writing down their ideas immediately, rather than stand talking.
- ➔ Check on the output of each group. When every group has been able to write at least one or two points, ring a bell or start the song to get groups rotating.
- ➔ Remind participants of the direction to move, e.g., clockwise, and show them with your hands.
- ➔ Each group moves to a new sheet, reads what is already there, and then adds new points that are not already written.
- ➔ Continue the process until the groups have contributed to all flipchart sheets.
- ➔ Then organize a report back. Ask the group that started on the flipchart sheet to present points on its sheet.
- ➔ Clarify any confusing points and add points.
- ➔ Then ask extra questions to “process” the output: “What did we learn? What does this tell us? How does this relate to our own situation?”

Case Studies

- ➔ Hand out copies of the case study. In the exercises in the toolkit there are enough case studies so that each group can focus on a different one.
- ➔ Explain the group task: Read the case study and analyze it. Usually the analysis of a case study involves:
 - Describing the problem in the case study and its root causes.
 - Deciding on ways to solve or avoid the problem.
- ➔ When groups have completed their work, ask each group to give its report. Then invite other participants to ask questions.

Paired Role-Playing

Participants pair off and each pair performs a role-play on a scenario described by the facilitator. The role-plays are performed simultaneously (all at the same time), so participants do not feel self-conscious about their acting, because no one is watching them; everyone is focused on his own pair’s role-play.

Tips for Facilitating Participatory Workshops

- ➔ Ask participants to pair off and face the partner.
- ➔ Explain the roles. For example, “A is the father, B is the EW.” Agree in each pair who is the father, and who is the EW.
- ➔ Explain the scenario. For example, “The father tells the son that he should be a ‘real man’. The son should respond in a strong and confident way.”
- ➔ Get them started. Say, “Play – start your role-play!”
- ➔ After two or three minutes, shout “Stop!” and ask a few pairs to show their role-plays, one at a time, in the center of the circle.
- ➔ After each role-play, ask: “How did B do? Was he convincing?”
- ➔ If someone thinks he can do a better job, ask him to take over the role.
- ➔ Then ask, “What did you learn from the role-playing?”

Individual Reflection

Participants are asked to think and talk about experiences in their own lives, and this may trigger strong emotions. You need to be ready to deal with them. The following tips may help:

- ➔ Establish a quiet, peaceful environment in which participants feel comfortable to reflect on their experience and share with others.
- ➔ Explain the ground rules:
 - No one is forced to share; the sharing is voluntary.
 - The information shared is confidential; it should not leave the room.
- ➔ Ask participants to take their chairs and find a space on their own.
- ➔ Ask them to close their eyes and reflect on a time in their life when they felt stigmatized.
- ➔ After three or four minutes of silence, ask them to open their eyes and find someone with whom they feel comfortable to share their experience.
- ➔ After 10 to 15 minutes, bring the whole group back together.



Tips for Facilitating Participatory Workshops

- ➡ Invite a few participants to give their experience. Remember: No one is forced to share.
- ➡ Then ask participants, "What did you learn from this exercise?"
- ➡ If it helps to get participants talking, share your own experience.
- ➡ Observe the mood and keep asking the group, "How are you feeling?"
- ➡ In some cases a participant may talk about a personal crisis and break down or become too emotional. You will need to find a way of dealing with it, e.g., one facilitator sitting with the person and getting him/her to talk, while the other facilitator continues leading the discussion.
- ➡ If a person begins to cry, let him/her cry. Reassure him/her that it is okay to cry. If necessary, take a break.

Part One –

Exercises for Entertainment Workers

Introduction

The exercises in this section are designed for educational sessions with entertainment workers (EWs). These sessions will be run in the EWs' workplaces, facilitated by peer facilitators and peer educators.

The aim is to help EWs to think through their own experiences as EWs, how they have been stigmatized, how it has affected their lives, and also help strengthen EWs to cope more effectively with stigma. The activities allow EWs to share experiences, work on strategies for coping with stigma, develop assertiveness skills, and build self-esteem.

The first three exercises (EW1, EW2, and EW3) are used to “name or describe the problem”: How stigma takes place in different situations, e.g., the family, workplace, community, etc. In these exercises, EWs talk about the different forms of stigma and discrimination, how these affect them, why stigma is happening, and what might be done to challenge stigma.

EW4 helps to make stigma personal. By this time, participants are beginning to feel comfortable with each other and can talk about their own experiences of being stigmatized. In this exercise participants share their own stories of being stigmatized by others, and how it feels.

The next six exercises (EW5 to EW9) look at solutions or action: What EWs can do, individually and as a group, to challenge stigma and discrimination.

The final two exercises (EW10, EW11) look at the impact of stigma on the HIV epidemic.



Exercises

- EW 1 Naming Stigma and Discrimination toward Entertainment Workers through Pictures
- EW 2 Naming Stigma and Discrimination toward Entertainment Workers through Case Studies
- EW 3 Naming Stigma and Discrimination toward Entertainment Workers in Different Situations
- EW 4 Personal Experiences of Stigma
- EW 5 Strategies for Coping with Stigma
- EW 6 Disclosure – How to Disclose to the Family
- EW 7 Entertainment Workers and Human Rights
- EW 8 How to Challenge Stigma Assertively
- EW 9 Stigma and Discrimination toward Entertainment Workers in the Health Facility
- EW 10 HIV Transmission and Entertainment Workers
- EW 11 How Stigma toward Entertainment Workers Fuels the HIV Epidemic

Naming Stigma and Discrimination through Pictures



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe stigma towards entertainment workers (EWs), why it happens, and how it affects EWs
- ➡ Discuss ways of combating stigma toward EWs



Target Group:

Entertainment Workers



Time:

1 hour



Materials:

EW Stigma Pictures



Steps:

1. **Picture – Discussion:** Divide into groups of three or four people. Pass the pictures around the groups. Ask each group to look at the pictures and select one. Ask them to discuss:
 - ➡ What do you think is happening in your picture in relation to stigma toward EWs?
 - ➡ Why do you think it is happening?
 - ➡ What is the effect on the EW?



2. **Report Back:** Ask each group to show its picture and explain what is happening in the picture: How people are stigmatizing the EW and the effect on the EW.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

EW1 Community members are gossiping about an EW

Community members are gossiping about a woman wearing a sexy skirt. They assume that she is an EW, so they are blaming and criticizing her. The woman looks sad and isolated.

EW2 Community members are turning their backs on an EW, who is sitting all alone

EW is sitting all alone – feeling sad and rejected. The whole community is giving her their backs. They are isolating her because they think she is a bad woman.

EW7 Patients are gossiping about and isolating an EW at the clinic

Two patients are gossiping about an EW at the clinic. They are trying to avoid sitting beside the EW. The EW looks very unhappy that no one is talking with her.

EW8 Policeman sexually harassing EW

A policeman is sexually harassing an EW. He is touching her bum and trying to force her to provide free sex. This shows that the police victimize EWs, who have little power.

3. **Solutions/Action:** Discuss with the whole group, “What can we do to combat stigma?”

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- We can tell the community what we are doing as EWs so they know more about us and are less stigmatizing.
- Let people know that we are doing this job because of poverty and having to support many family members.
- We can dress appropriately for different situations, e.g., sexy clothes for work, but not for community or family events.
- Ask people to respect us and treat us like anyone else.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ Sometimes we treat people badly because of how they look or what we suspect they do. We isolate or reject them, e.g., refusing to sit beside an EW in the clinic; or we gossip about them and call them names. When we isolate or make fun of other people, this is called “stigma”. It makes the person feel ashamed.

- ➔ There are different forms of stigma:
- Shaming and blaming: EWs are blamed because people assume they are sex workers, which is seen as immoral. Show picture EW1 as an example.
 - Isolation: EWs are isolated by other people because it is assumed they are doing sex work, which is viewed as bad and illegal. Show picture EW7 as an example.
 - Self-stigma: Some EWs blame and isolate themselves in reaction to the blame and rejection from the community. Show picture EW2 as an example.
 - Discrimination: Stigma is an attitude. When people act on this attitude and treat people badly, this is called “discrimination,” e.g., EWs being harassed by the police, not given fair treatment in the clinic. Show picture EW8 as an example.
- ➔ Some of the effects of stigma are:
- EWs feel sad, lonely, rejected, and ashamed; they lose their confidence.
 - Discrimination. EWs are kicked out of the family, treated badly by their clients and some owners, harassed by the police, etc.
 - EWs stop using health services (e.g., STI treatment, HIV testing), and they take less care in using condoms with clients and sweethearts. As a result, they may become infected with HIV and pass HIV to their clients or sweethearts. In this way, stigma toward EWs helps to fuel the general HIV epidemic.



Naming Stigma and Discrimination through Case Studies



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe stigma and discrimination faced by entertainment workers (EWs) in different situations
- ➡ Discuss the causes and effects of stigma
- ➡ Work out possible strategies to combat or cope with stigma



Target Group:

Entertainment Workers



Time:

1 hour



Materials:

Copies of the case studies for participants



Steps:

1. **Case Studies:** Divide into groups of three or four people. Form the groups so that you have at least one literate EW in each group who can read the case study. (Help those groups who have no literate EW to read the case study.) Give each group a copy of the case studies and assign each group to focus on one case study. Ask each group to read its case study and discuss the following questions:
 - ➡ What happened? Why?
 - ➡ What could the main character do to challenge the stigma and discrimination?



Case Study A – Kanya (Stigma from family and neighbors)

Kanya grew up in a small village near Sihanoukville. She enjoyed going to school and was doing very well, and hoped to go to university. When she was 17 her mother died and her father got married again. When his new wife moved in, her father stopped caring for Kanya. She was forced to drop out of school and look for work. She found a job as a karaoke girl in Sihanoukville. Her father asked her what she was doing, and she told him she was working in a company. Later he found out what she was actually doing, and he stopped talking to her. She had no friends, just



those at work. In her home area she was treated like an outcast. Neighbors would avoid her when she walked by. She used to buy many things for the house, but this didn't make any difference. Family members shunned her and hardly talked to her. One day her father shouted at her, saying: "No one in our family has ever worked as a karaoke girl like you. Why are you killing our family honor?" He told her to leave and find a place of her own.

Case Study B – Rachany (Stigma from clients)

Rachany didn't want to be an entertainment worker when she grew up, but her parents were poor and this seemed the only job available when she came to the city. A friend found her a job at a restaurant and she started work as a waitress. The owner told her she had to please the clients, but no one told her this included having sex. On the first day a client tried to touch her breasts and said he wanted to have sex with her. She refused and he got very angry, insulted her and threatened to beat her. She told him, "I'm only here as a waitress," but he said, "Who are you kidding! Stop pretending you are a good woman. You are bad woman, whore. That's why you are working here. You must give me sex!" He complained to the manager and the manager came and told her to "please the client." Rachany felt humiliated. She wanted to keep the job so she went out with the customer. He was very rough and the sex was very painful, and afterwards he beat her, saying, "Don't do that again!"

**Case Study C – Maly (Stigma at the clinic)**

Maly is a karaoke girl. She sings with customers and occasionally agrees to have sex with them. She insists on condoms when having sex with clients, but sometimes they give her extra money to have sex without a condom. She also has a sweetheart. She doesn't use condoms with him; if she did, this would imply she didn't trust him. One day she started to have painful symptoms in her vagina. She went to the STI clinic to get tested and treated. The doctor who examined her, looked at her as if she were nothing, and said, "You sleep with your clients, don't you?" Maly didn't like his tone of voice, so she said, "I don't normally go with them, but my sweetheart may be sleeping with other people." The doctor said, "Why do you bore me and have your blood tested? If you don't sleep with your clients, why do you waste my time getting your blood tested?" Maly had trusted this doctor and believed he was tolerant and understanding, but she now felt humiliated. She said she would never go back to that clinic again.



Case Study D – Chan (Stigma from entertainment establishment owners)

Chan has been working for five years in a massage parlour. The boss is very cruel. He forces all the girls working for him to sleep with him. He doesn't care about their health. Chan and other girls wanted to go for an STI test each month, but he refuses to provide money for the transport. He tells them, "I don't care if you die. If you get HIV, it's your own fault. And if you miss work, it will be taken off your salary." Chan has stopped going for an STI test, because it costs too much, including the transport cost and the deduction from her salary.



Case Study E – Davi (Stigma and discrimination from the police)

Davi was going home one day after her work at the karaoke bar. A policeman stopped her and told her she was beautiful and wanted to sleep with her. She told him that she was late for an appointment with her husband. He told her, "Don't fool with me, little girl. I know who you are. You're not married. You work in that bar and you have sex with tons of clients – so you have to sleep with me too!" She became afraid and said, "Look, I just want to go home. Leave me alone." He said, "I'm tired of your excuses. If you refuse to sleep with me, I'll beat you – and arrest you, so you'd better come with me." He grabbed her and forced her to have sex without a condom.



Case Study F – Tevy

Tevy is a 35-year-old EW. She has a sweetheart who uses drugs. They have been talking about having a child together. She uses condoms with her clients, but she stopped using condoms with him, so she could get pregnant.

Her sweetheart has been getting sick and becoming more and more ill. She keeps wondering and worrying about his health and whether they should go for an HIV test.

Her biggest fear is that if he tests positive for HIV and others find out about it, everyone will assume that she is also HIV-positive and she will lose her job and the respect and support of her family. She doesn't know whom to talk to about her sweetheart's illness and her fears about what might be causing it. The girls at work will tell others and soon everyone will know. What can she do?



2. **Report Back:** Ask each group to read its case study and then report on what they have discussed. Ask other groups to comment.



Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Case Study A

- Kanya was forced to drop out of school and become an EW out of poverty.
- Out of shame, she tried to hide her work as an EW from her father.
- She bought things for the house, but she was still stigmatized by family members.
- Her father kicked Kanya out of the house

What could she do?

- Kanya should explain to the family why she became an EW. It was the only job available.
- Kanya should tell the family what she does as a karaoke girl.
- Kanya should ask to be treated like other family members, and differently.

Case Study B

- Rachany started to work as an EW because of poverty. It was the only job available.
- She was forced by her employer to have sex with a client.
- The client insulted her and sexually and physically abused her.
- Rachany felt powerless. She felt that she could do nothing but accept this treatment.

What could she do?

- Rachany should talk with other EWs and find out how to handle difficult clients.
- She should tell the manager that her health is very important, and that she will no longer accept to have sex with violent clients, and that he should protect her.

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➞ EWs face stigma and discrimination in many places: at home, in the workplace, at health facilities, and at the hands of clients and police officers.
- ➞ EWs are shamed and rejected by their families; badly treated at health facilities; and physically and sexually abused by their clients, bosses and the police.
- ➞ The main causes of stigma are:
 - Moral judgments – EWs are viewed as selling sex and having many sexual partners, practices that break social norms and are judged to be immoral.
 - Fear and ignorance – People have little understanding about EWs, so out of ignorance they condemn EWs for their assumed sexual behavior.
 - Power, gender and poverty – Stigma is rooted in power and women's inequality. Most EWs are poor and powerless, so they are targets for stigma and discrimination.
- ➞ One form of stigma is the physical and sexual violence they often face from their bosses, clients, and some police officers. They often feel powerless at the hands of these men. The attitude of the client is that once they have paid their money, they can do anything to the EW without her complaining.
- ➞ EWs can do something to combat the stigma and violence, but to do this they need to be empowered and to find ways to tell their clients and bosses that:
 - They deserve to be treated with respect.
 - The insults and physical and sexual violence are wrong and should not be accepted.



EW.3

Naming Stigma & Discrimination toward Entertainment Workers in Different Situations



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe stigma and discrimination faced by entertainment workers (EWs) in different situations
- ➡ Discuss the causes and effects of stigma
- ➡ Work out possible strategies to combat or cope with stigma



Target Group:

Entertainment Workers



Time:

1 hour



Steps:

1. **Topic Groups:** Divide into five groups of roughly equal numbers. Assign each group to work on one of the following situations: family, community, health facility, EW workplace, and police. Ask each group to discuss:
 - ➡ How are EWs stigmatized in this situation?
 - ➡ What is the effect on the EW?
 - ➡ What can they do in this situation to challenge the stigma?



Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma in the Family

- Scolding, belittling, and shaming.
“Why did you bring shame on the family?”
- Family wants to protect its reputation so they try to hide the fact of EW from neighbors.
- Some families are happy to get the EW’s income, but they still blame her for her work.
- Effect on EWs: isolated, lonely, ashamed.



Stigma by the Community

- Isolation. Name-calling. Finger-pointing. Negative gossip. Angry looks.
- People look down on the EW and try to avoid her when they see her on the street,
- People stop or reduce visits to the family and stop sharing food.
- Effect on EWs: Worry about what people are saying about them. Try to hide.

Stigma at the Health Facility

- Bureaucratic and unfriendly treatment. Harsh and scolding language.
- EW patients are kept waiting or told to come another day or treated last.
- Gossip, pointing fingers, and making fun of EW by clinic staff and other patients.
- Judging comments: “You deserve to get this, because of your disgusting behavior.”
- Breaking confidentiality. Clinic staff tell other staff and patients. Gossip.
- Effect on EWs: avoids using the clinic.

Examples of Responses

Stigma in the EW Workplace

- Insulting words and sexual harassment by clients (e.g., grabbing EW's breasts).
- If an EW objects to sexual harassment, the client insults her and threatens to beat her.
- Once clients have paid, they think they can do anything to an EW, including rape and gang sex.

Stigma from the Police

- Sexual harassment and coercion. Force EWs to provide free sex. Ask for bribes.
- If EWs refuse, the police use threats or violence to get what they want.
- Police attitudes: "You are an easy girl so I can sleep with you."

2. **Report Back and Processing:** Ask each group to present to the whole group the main points from their discussion.

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

➡ Stigma towards EWs takes place everywhere: homes, communities, clinics, and the EW's workplace. There are very few places where EWs feel safe. They feel they can be physically and sexually abused everywhere they go.

➡ EWs are stigmatized in a number of ways:

- Blamed and shamed and shunned by families for working as EWs
- Subjected to gossip and treated as outcasts in the community
- Given poor treatment at clinics: scolding language, no confidentiality, etc.
- Sexually harassed and abused by clients and some police



- ➔ Stigma at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you have nowhere else to go. You are all alone.
- ➔ To avoid stigma and discrimination, EWs try to hide, to keep their EW work hidden from others, as a coping strategy to avoid stigma and discrimination.
- ➔ Being forced to hide means that EWs may also hide their sexual activities from health care workers, making it more difficult for EWs to get the health care they need. For example, EWs may go to a clinic to get an STI treated and then find it difficult to tell the doctor that they have an STI because they are afraid the doctor may discover she is an EW and treat her badly. As a result EWs may not get treated for the STI or tested for HIV.

EW.4

Personal Experiences of Stigma



Facilitator's Note:

This exercise requires a lot of trust and openness within the group, so it should not be used as the first exercise. It works better if it is used after two or three other exercises (e.g., EW1, EW2, and/or EW3).

When introducing this exercise, try to put participants at ease and help them get into the mood first for individual reflection and then for sharing this experience with other participants.

Emphasize that the sharing is voluntary. No one is forced to tell their story of being stigmatized. Emphasize the importance of confidentiality, that what is shared should stay in the room.

This exercise can trigger painful memories for some participants. So you should be ready to deal with the emotions raised.



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe how they have been stigmatized as entertainment workers (EWs)
- ➡ Discuss how it felt to be stigmatized



Target Group:

Entertainment Workers



Time:

1 hour



Steps:

1. **Individual Reflection:** Ask participants to sit on their own. Then say: "Think about a time in your life when you felt stigmatized or discriminated against for being known to be an entertainment worker." Give them a few examples, such as being teased at the clinic once staff found out that you are an EW, or badly treated by a client in the workplace. Ask them to think about "What happened? How did it feel? What impact did it have on you?"
 2. **Sharing in Pairs:** Say, "Share with someone with whom you feel comfortable." Give the pairs a few minutes to share their stories with each other.
 3. **Sharing in Plenary:** Invite participants to share their stories in the large group. This is voluntary; no one should be forced to share a story. People will share if they feel comfortable. After each story, ask, "How did you feel? How did this affect your life?"
 4. **Processing:** Ask, "What did you learn from this exercise? What feelings are associated with stigma?"
 5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
- ➡ The feelings of being stigmatized – of being mocked and despised – are very painful, and they last a long time.



- ➔ Stigma destroys our self-esteem. We begin to doubt and hate ourselves. We feel very alone at a time when we really need the support and company of other people.
- ➔ The hardest stigma we face is the blaming and shaming from our families. Once we lose the love of our families, we feel very alone.

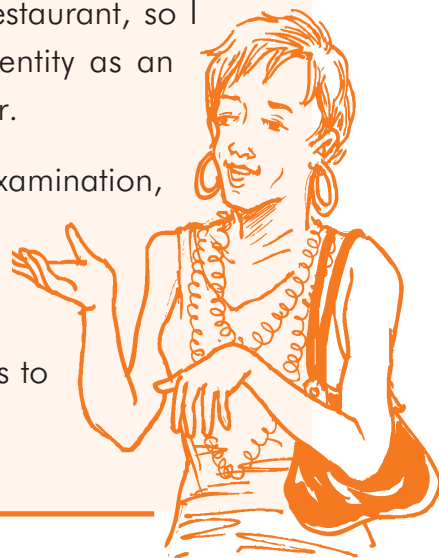
Examples of stories from workshop in Phnom Penh

The examples below are only examples; they are not the required answers, and you are not expected to read them out loud. They are simply examples of the type of responses expected.

Story A: I am a karaoke girl, and I am married. My husband and his family don't trust me. They assume that since I am a karaoke girl, I must be having sex with my clients at the karaoke bar. As a result they look down on me.

One day I went for an HIV test at the clinic. The nurse asked me, "What is your occupation? Why are you coming to get tested? What is it you do that puts you at risk of getting HIV?" I told the nurse that I worked in a restaurant, so I wanted to test my blood. This was my way of hiding my identity as an entertainment worker, so she wouldn't know I was a sex worker.

Later the doctor gave me a medical checkup. After the examination, he asked me, "Where are you from? Where do you work? What restaurant? What are your hours? Can I come and visit you? At what time?" All of his questions showed he had no respect for me and looked down on me, all he wanted was to have sex with me.





Examples of stories from workshop in Phnom Penh

Story B: Before I worked as a karaoke girl, I met a man and we fell in love. My husband's mother knew that I was a karaoke girl because of my dress and the color of my hair (red in color). She kept telling him that I was having sex with many men and discouraged him from staying with me. But, in spite of this negative treatment, my husband continues to love me.

One day my husband and I went to stay overnight at the home of my parents-in-law. When we arrived, my brother-in-law told us we could not sleep there, because of my work as a karaoke girl. My husband defended me, saying, "Why can't she sleep here tonight?" A fight broke out and we were forced to leave and stay in a hotel.

Story C: I am a karaoke girl. When my mother died, my father married another woman and he stopped caring for me. He didn't know at first that I was working as a karaoke girl, but he found out from other people. When I go to visit him and his new wife, they don't talk to me, and I feel very lonely and sad. My nephew shouted at me, saying, "No one in our family has worked as a karaoke girl like you. Why are you killing our family honor?" My father expects me to give him money that I earn as a karaoke girl, but he provides no support.

Story D: I started to work in a restaurant. After two weeks, a client came to the restaurant, saw that a lot of young girls were working there, and asked me, "Do all these girls sell sex? They look too young to have sex. And you yourself look too young. Are you old enough to work in this business?" Then he said, "Why don't you work in someone's house as a maid?" I told him that housework salaries were very low, and I preferred to work in a restaurant. He said, "You girls have been corrupted. All you want to do is to work in the red light area."

One of our neighbors came to our house and told my mother, "Why do you allow this young girl to work in the restaurant business?" My mother told him, "Look, I have advised her to work for money but to take care of herself."

EW.5

Strategies for Coping with Stigma



Facilitator's Notes:

This exercise builds on the first four exercises (EW1 to EW4). Participants review the different forms of stigma and discrimination they are facing in different situations, in the home, at the clinic, in the workplace, and with the police, and they develop personal strategies for coping with stigma.



Objectives:

By the end of this session, participants will be able to work out personal strategies for coping with stigma and discrimination.



Target Group:

Entertainment Workers



Time:

30 minutes



Steps:

1. With participants' help, make a list of common experiences of stigma and discrimination, building on the first four exercises (EW1 to EW4).



Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Place/Players Stigma and Discrimination

Home:

- Family members insult her for bringing shame to the family, but at the same time they pressure her to bring in money from her work as an EW.
- Giving up on EW: Telling EW that she is no longer part of the family.
- Family members avoid her and stop talking to her. Kicked out of the house.

Community:

- Gossip and finger-pointing. Look down on her and try to avoid her.
- Blame family for not raising EW properly. Refuse to attend funeral of EW.

Clinic:

- Some clinic staff are insulting, show disapproval, and keep their distance.
- Gossip about EW. Break confidentiality by telling other staff and patients.
- Invasive questioning: "Where do you work? Can I come visit you?"
- Fail to provide appropriate counseling, diagnosis, treatment, and care.

Examples of Responses

- | | |
|-----------------|--|
| Clients: | <ul style="list-style-type: none">• Insulting words and sexual harassment (e.g., grabbing EW's breasts).• If EW objects to sexual harassment, client insults her and threatens to beat her.• Once clients have paid, think they can do anything to EW, including gang sex. |
| Owners: | <ul style="list-style-type: none">• Name-calling and verbal abuse. Demand free sex from EWs.• When EWs cannot work anymore, they are told to leave; treated as useless.• If they get pregnant or HIV, they are kicked out. |
| Police: | <ul style="list-style-type: none">• Sexual harassment. Force EWs to provide free sex. Ask for bribes.• If EWs refuse, the police use threats or violence to get what they want.• Police attitudes: "You are an easy girl so I can sleep with you." |

2. Divide into six groups of roughly equal numbers. Ask each group to focus on one of the places or players listed above. Ask them to discuss, "How can you cope with or challenge stigma and discrimination in that place?"



Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Coping at Home:

- Cultivate good relationships at home, e.g., with parents or with the landlord.
- Be careful about our behavior and the way we dress.
- Avoid getting drunk and disturbing others.
- Tell others why we became an EW: Because of poverty, and the need to support many people in the family.
- Explain why we drink every day: That it is part of our job; if we don't drink we lose clients and income.
- Show that we are as productive and valuable as any other family member.

Coping in the Health Facility

- Don't give up. Don't walk away. Stay and demand equal treatment like other patients.
- Be courageous and demand fair treatment in a polite but assertive way.
- Tell the health staff that we have rights just like other women to get treatment.
- Explain to them about our occupation.
- Ask the health staff to respect us and treat us equally with other patients.

Coping in the Workplace

- Tell clients that we have a right to be treated fairly. One EW told a client, "Why are you doing this to me? Is this how you treat women in your family?"
- Let the owner know when you don't want to go with a client, because of the fear of violence. Say, "My health is more important than satisfying a client."

Examples of Responses

- Use tricks to get away from harassment or violence, e.g., asking permission to go to the toilet; or dropping a shoe while on motorbike. Ask to stop to get it and run away.

Coping in the Community

- Form EW support groups and work together with other EWs.
- Behave ourselves, dress appropriately, and avoid using dirty language.
- Dress appropriately for the situation, e.g., sexy clothes are okay for work, but not for community or family events.
- Educate the community about EWs so they know more and are less stigmatizing. Explain, for example, the reason we became EW, i.e., poverty and low education and the need to make money to support the family.

Coping in the Police Station

- Tell them about our rights.
- Ask them to respect us and treat us fairly.
- Go to the police station as a group with other EWs to lodge complaints.

3. **Report Back:** Ask each group to report on what they discussed.
4. **Processing:** Discuss: “Which ways of coping are the most realistic and achievable? Which can we start to implement right away?”



EW.6

Disclosure– How to Disclose to the Family



Facilitator's Notes:

Many entertainment workers (EWs) are not open with their families about their lives, and they have difficult relationships with their families. EWs need skills to be able to tell their families that they are EWs. This exercise helps EWs develop these skills.



Objectives:

By the end of this session, participants will have:

- ➡ Decided when it is appropriate to tell their families that they are EWs
- ➡ Practiced techniques for telling their families that they are EWs



Target Group:

Entertainment Workers



Time:

1 hour



Steps:

1. **Experience of Disclosing:** Discuss in pairs, Whom have you told about being an EW: at home or friends or support group members? How did you do it? What happened?



Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

It is difficult to tell one's family. Once you tell them, they will lose respect for you or even kick you out of the house. So it is easier to keep it hidden. I'm close to my mother, so I told her and she has accepted me.

2. Preparing for Disclosure (Discussion in Pairs): Divide into pairs and ask each pair to discuss the following:

Think about your relationship to your family and how you feel about telling them that you are an EW:

- ➡ What are the advantages of telling your family that you are an EW?
- ➡ What are your fears about telling your family that you are an EW?
- ➡ What methods would you use in telling your family that you are an EW?

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Advantages of telling the family that you are an EW

- Relief. No longer need to hide your life as an EW.
- Enjoy more respect and support from the family.
- Less stigma and harassment from the family.

Fears and concerns about telling family members

- Rejection. Insults. Shaming and blaming. Name-calling. Embarrassment.
- Relations with parents would change completely. I would lose their love and support.
- Violent reaction: Being beaten and kicked out of the family. End of relationship.
- Blackmail. People might use this information against me.

Methods for telling your family

- Tell one person at a time. If you get a supportive response from the first person, you can try a second; if the response is poor, you may decide not to tell others.
- Start with the family member you can trust. Convince him/her and then get his/her help in telling other family members.
- Find a time and place where it is easy for people to concentrate without interruptions.
- Establish a good relationship and trust. Start off by saying, "The reason I wanted to talk to you is because I know you can support me."
- Explain that disclosing this information is very stressful for you.
- Use assertiveness techniques. Look the person in the eye, tell him/her clearly and simply that you are an EW and want the person to know this and that you want to have his/her support.
- Tell him you are not the only EW, that there are other families who have EWs.

3. **Practicing Disclosure (Role-playing in pairs):** Divide into pairs and agree in each pair who will be the first person to practice disclosure. The other partner will be the “listener.” Do the first role-play and debrief in pairs. Then swap roles and repeat the process.

After 10 minutes, ask one or two pairs to volunteer to show their plays to the whole group.

Example of a Role – Play

EW: I would like to tell you my personal story and explain why I have chosen to become a karaoke girl. I need your help and support.

Mother: What are you telling me? Are you saying you are not working in an office?

EW: Yes, I am now working as a karaoke girl in a bar. This is the only job I could find that would give me a good income and allow me to send money to you and father.

Mother: I don't understand why you decided to work there. All the men touch you and you have to do disgusting things. Everyone hates this business.

EW: No, mother. I've made this decision all on my own and want to keep to it. But I need to get your support and father's support for my decision.

4. **Processing:** Discuss with the whole group:
- ➡ How did you feel about disclosing that you are an EW during the role-play?
 - ➡ What words or arguments did you use?
 - ➡ What techniques did you use to tell your story?

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

How did you feel about disclosing to your mother?

I felt both frightened and shy to talk to her about being a karaoke girl.
I love my family and want their continuing love and respect and acceptance.
Once I got started to tell my mother, it was easier.

What words did you use?

I told her that other women have taken up this job and are making a good living.
I told her that I was doing this work to be able to support her.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
- ➡ Many families find it difficult to cope with the idea that their children are EWs. They feel embarrassed, that this will bring shame to the family.
 - ➡ Many EWs are close to their families and want their continuing love, respect, understanding, and acceptance. So telling their families is a big and fearful step. We worry about a negative reaction, about shaming and blaming and violence.
 - ➡ So making the decision to tell your family, that is, who and how and when and where to tell, is a personal decision. You decide when you are ready. No one should force you to disclose before you are ready.



- ➔ Practicing telling someone can be a useful way to develop personal strategies.
- ➔ Don't rush. Take it slowly and give your parents time to absorb the new information. Don't expect them to love you in the same way without any change. It takes time for them to understand.
- ➔ If you give them enough time to understand, they will defend you and provide support.



EW.7

Entertainment Workers and Human Rights



Facilitator's Notes:

This exercise looks at how the rights of entertainment workers (EWs) are violated and what might be done to address these human rights violations.



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe what human rights are and give some examples
- ➡ Name different rights which may be violated because a person is an EW
- ➡ Develop realistic strategies for protecting the human rights of EWs



Target Group:

Entertainment Workers



Time:

1 hour



Materials:

Copies of the Case Studies – at least one copy per group



Steps:

1. **What are Human Rights? (Buzz Groups):** Divide into pairs and ask pairs to discuss two questions:
 - ➡ What are human rights?
 - ➡ What are examples of human rights?



2. **Report Back:** Take each question, one at a time, and ask pairs to give one point each. Record their responses on flipchart.

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

What are human rights?

- Things which every person must have because they are human.
- To be treated fairly by everyone regardless of who we are and what we do, i.e., regardless of our gender, age, occupation, ethnic group, sexual orientation, etc.
- Practices that protect human beings against ill-treatment or violence.
- As human beings we are entitled to have certain things or do certain things.

Examples of human rights

Right to: life, food, water, work, shelter, clothes, health, freedom, education, protection, dignity and respect, privacy (confidentiality), legal representation, have a child, get married, make decisions, own land and property, vote. Also, freedom of speech, freedom of association.

3. **Which Rights are Violated?** Ask pairs to discuss, “What rights might be violated if we are EWs? How are they violated?” Then ask the pairs to report back to the group.

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- **Right to equality and dignity:** Many EWs are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.
- **Freedom from inhumane or degrading treatment:** Some EWs are sexually abused.
- **Right to information:** EW patients not given enough/correct information about HIV. This prevents them from fully understanding how to protect themselves from getting HIV.
- **Right to health care:** EWs are stigmatized and discouraged from using some clinics; as a result, they stop getting their STIs treated, testing for HIV, etc.
- **Right to privacy:** EW patients have the right to keep their medical information and other facts about themselves confidential, but their work as EWs is often disclosed to others without their consent. This violates their right to privacy.
- **Right to shelter/accommodation:** EWs are kicked out of the house by some families; or by landlords, once they discover they are EWs.
- **Right to equal protection by the law:** If an EW reports a case of rape, police often ignore her. They say an EW trades with her body so she is a legitimate target for rape.
- **Right to participate in community activities:** Some communities prevent EWs from participating in community activities.

4. **Finding Solutions (Case Studies):** Divide into groups of three or four people. Form the groups so that you have at least one literate EW in each group who can read the case study. (Help those groups who have no literate EW to



read the case study.). Give each group a copy of the case studies and assign each group to focus on one case study. Ask each group to read its case study and discuss the following questions:

- ➔ Which right has been violated?
- ➔ What could you do if you were the person whose rights were violated?
- ➔ What examples do you have from your own experience?

5. Report Back and processing: Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

Case Study A: Makara

Makara lives in a rented room with two other EWs. The landlord suspects that the three women are EWs and kicks them out of the house. The landlord says he doesn't want the women to infect other people with "their disease" and that it would be "bad for the community."

Case Study B: Chanmony

Chanmony is an EW who is HIV-positive. She goes to the clinic to apply to start anti-retroviral (ARV) treatment. When she is interviewed, the nurse discovers she is an EW and says, "I'm sorry, but I don't think this program will be good for you. We need people who can be reliable and adhere to the medication."

Case Study C: Kesor

Kesor, an EW, goes to the clinic for an STI checkup. While she is there, she is forced to take an HIV test. There is no pre-test counseling, and she is told she is HIV-positive in a highly insensitive way: "You've got the killer disease and you deserve this punishment. You are the ones who are spreading HIV." There is no post-test counseling, and the staff rush her out of the clinic, without even treating her for the STI. She feels totally humiliated.

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Case A: Kicked out of Rental Accommodation – Right to Shelter Violated

- Talk to the landlord and get him to explain why he is kicking you out.
- Challenge him, “Is it to do with my work as an EW?”

Case B: Forced out of ARV Program – Right to Health Violated

- Ask the nurse to explain why she is violating your human rights.
- Tell her that ARVs are available to all citizens.
- Ask her, “What policies are you using in making this decision?”
- Help the nurse and other health staff understand the issues of EWs.
- Meet with the director of the health facility to discuss the unfair treatment.

Case C: Bad Treatment at the Clinic – Right to Health & Confidentiality Violated

- Complain to the clinic director: “I came for an STI checkup. I was given no counseling and forced to take an HIV test. I was treated in an insensitive way, given no respect. The staff should focus on providing treatment, not worrying about who I have sex with.”
- Approach the support group of people living with HIV to take up this issue with the clinic.

6. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ We need to recognize that EWs have rights, e.g., right to have work, to health care, to freedom from inhumane treatment, etc., and they should be able to access those rights.
- ➡ EWs experience human rights abuses because of stigma and fear.
- ➡ In Cambodia, sex work is criminalized and EWs face a lot of persecution because of public attitudes. As a result, EWs are forced to operate in a climate of secrecy. This leaves EWs open to being exploited, stigmatized, and subjected to violence.
- ➡ The fear of being stigmatized and persecuted prevents EWs from asserting their rights. In fact, many EWs accept the violation of their rights as part of their stressful lives as entertainment workers. As a result they find it difficult to lodge complaints with the police or challenge the stigma they face in health or other facilities.
- ➡ At present there is no specific legislation protecting the rights of EWs in Cambodia, but the government has plans to “review and revise existing policies, regulations, and decrees related to the sex industry and HIV/AIDS” (Intervention 3) within an overall objective of “creating an enabling and empowering environment that respects the rights of EWs, including the removal of stigmatization and discrimination.” These plans are described in The National Strategic Plan to Prevent and Control HIV Transmission among Entertainment Workers, their Clients and Partners (page 72).
- ➡ EWs are more at risk of HIV infection, because of their limited access to human rights. Because EWs lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision making and other choices that will lead to a healthy lifestyle. For example, it is difficult for EWs to negotiate safe sex with clients or sweethearts. This makes EWs vulnerable to getting HIV.

EW.8

How to Challenge Stigma Assertively



Facilitator's Notes:

In this exercise entertainment workers (EWs) learn how to challenge stigma and discrimination in an assertive way, saying what they think, feel, and want in a clear, forceful, and confident way. Participants practice this skill through a series of paired role-plays.



Objectives:

By the end of this session, participants will be able to challenge stigma and discrimination in an assertive way.



Target Group:

Entertainment Workers



Time:

1 hour



Steps:

1. **Introduction:** Explain that the aim of the session is to practice how to challenge stigma in an assertive way – looking the stigmatizer in the eye and saying what we think, feel, and want in a clear, forceful, and confident way – without being aggressive or showing anger.

Explain: You are already using an assertive approach in the way you negotiate safe sex with clients. When the client refuses to use a condom, you tell him in a clear and confident way, “If you don’t care about protecting yourself, I will



help protect you,” and you put the condom on him. This is the kind of forceful communication we are talking about.

2. Paired Role – Playing: Explain that we will now practice how to challenge stigma and discrimination. Then give the following instructions:

Everyone stand up and find a partner. Face your partner. A is the client and B is the EW. In each pair, agree on who is A and who is B. (Wait until they decide.) The situation is: the client touches the EW on her breast and says insulting words to her. The EW should respond in a strong, clear, and confident way. Then say, “Play,” for the pairs to start their role-plays.

Example of Role – Play

- C : I want to touch you and find out what I am buying before we go to the room.
 E : Sir, don’t touch me like that. I deserve your respect.
 C : Who are you to tell me what to do? I’ve already paid, haven’t I?
 E : Yes, you’ve paid, but this gives you no right to molest me. I have rights too.
 C : Whore, shut your mouth. I’m the king here. You need to do everything I tell you to do.
 E : Is this how you treat your wife or daughters? Have you no respect for women?

After two minutes ask a few pairs to show their role-plays (one at a time) in the center of the circle. After each role-play, ask: “How did the EW do? Was she convincing and effective? What made a difference in the way she challenged the client?”

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Good eye contact; looked directly at the client. Strong voice. Spoke with confidence. Didn't criticize the stigmatizer; simply asserted her rights clearly and simply. Good arguments: "I deserve your respect." "I have rights" "Is this how you treat your wife?" Did not apologize for her behavior. Did not allow the client to dominate or bully her. Was not afraid to disagree with the client. Did not give up; insisted on being treated fairly.

After a few pairs perform, ask other participants if they have a better way of challenging the stigmatizer, and let them take over the EW's role in the play and show their approach. After each new play, ask, "What made a difference?" [e.g., good arguments, strong voice level, body language, confidence, etc].

Then repeat the same process for one or two of the following situations:

- ➡ Family says that the EW has brought shame to the family.
- ➡ Nurse insults the EW and asks her to go to the back of the waiting line.
- ➡ Customer tries to sexually harass the EW.
- ➡ Police try to force EW to have free sex.

3. **Processing:** At the end of the role-playing, ask, "What have you learned from the practice role-plays?"

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

I now see that I can do something. I never realized I could challenge the stigmatizer. It's difficult at first. I felt shy. But after a while I began to feel confident. The best approach is to say it honestly and simply: "I am a human being too." It works. When I challenged him politely but firmly, he denied that he was stigmatizing. Don't be afraid to disagree with the person, to say "No."

4. **Summary:** Explain and discuss the following list of assertiveness techniques.
- ➔ Tell people what you think, feel, and want clearly and forcefully.
 - ➔ Say "I" feel, think, or would like.
 - ➔ Don't apologize for saying what you think, or put yourself down.
 - ➔ Stand or sit straight in a relaxed way.
 - ➔ Hold your head up and look the other person in the eye.
 - ➔ Speak so that people can hear you clearly.
 - ➔ Stick with your own ideas and stand up for yourself.
 - ➔ Don't be afraid to disagree with people.
 - ➔ Accept other people's right to say "No," and learn how to say "No" yourself.

EW.9

Stigma and Discrimination toward Entertainment Workers in the Health Facility



Objectives:

By the end of this session, participants will be able to explain their right to fair and equal treatment in health facilities.



Target Group:

Entertainment Workers



Time:

1 hour



Materials:

Case study – at least one copy for every group



Steps:

1. **Case Study:** Divide into groups of three or four people. Form the groups so that you have at least one literate entertainment worker (EW) in each group who can read the case study. (Help those groups that have no literate EW to read the case study.) Give each group a copy of the case study. Ask each group to read the case study and discuss the following questions:
 - ➡ What happened in the case study?
 - ➡ What other forms of stigma have you experienced in health facilities?
 - ➡ What are the effects of this stigma?
 - ➡ Why is stigma happening in health facilities?
 - ➡ What can we do to ensure that we get fair and equal treatment in health facilities?



Case Study

One day I started to get painful sores and a burning sensation in my vagina. Even though I was worried about how I would be treated by the clinic staff, I still went to the clinic to get tested and receive treatment.

When I arrived at the clinic, I waited a long time. The nurse kept calling patients who had arrived after me. Eventually I challenged her and said, "I arrived before her. Why can't you



treat me now?" She laughed and said, "Who are you to tell me what I should do? You'll just have to wait. We know you golden peacocks! You wait all night for men, so why can't you wait a few more minutes." She said this in the presence of all the other patients, and I felt humiliated. She then left and had a long talk with three other nurses, and I could see them looking in my direction.

Eventually I was called in to see the doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was an EW. The doctor gave me a funny look and said, "What is your problem?" I explained that I had sores and a burning sensation in my vagina. He said, "You deserve to get this, because of your disgusting behavior. You are just virus collectors!" Then he told me to take off my dress. I did so, and he looked at my sexual parts from a long distance away, and said, "You smell very bad. Why can't you take better care of your body?"

He then began to ask me a lot of questions about my sex life. "How often do you have sex? What kind of sex do you enjoy the most? Do you have a sweetheart?" I told him I just wanted to be tested and treated, not to be asked about my sex life. He responded that the clinic only did testing for normal women, not entertainment workers!

As soon as he left, I put my dress on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem to get help from the doctor, but I didn't receive any treatment. All I got were bad words and blame!

Examples of Responses

Here are some examples of different forms of stigma and discrimination identified by entertainment workers (EWs) at a workshop. The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma and Barriers in the Clinic:

- EW patient is kept waiting a long time. Other patients are served first.
- Unfriendly treatment and insulting language.
- Clinic staff gossip about the EW patient and show their disapproval, including body language.
- Break confidentiality. One nurse tells the other nurses and other patients about the EW.
- Blaming and shaming. "You deserve to get this because of your disgusting behavior."
- Poorly done, rushed examination.
- Invasive questioning, e.g., "How often do you have sex? What kind of sex do you enjoy?"
- Doctor is more concerned about the EW patient's sex life about than dealing with the illness.

Effects

- EW leaves the clinic feeling insulted, humiliated, and angry, and having no solution to her problem, i.e., medicine to treat the problem.
- She stops using the clinic and does not get her STIs treated.
- EWs resort to other forms of treatment, e.g., private doctors who treat them with more confidentiality and less stigma.



Examples of Responses

- It may affect their self-esteem and as a result they may take less care with their sexual health (e.g., not insisting on the use of condoms with clients and sweethearts).

Why are these problems happening?

- Stigma towards EWs, based on views about their assumed sexual behavior.
- Lack of confidentiality. Nurses gossip about the EWs with other staff and patients.
- Health workers not trained on how to interact with EW patients.
- The doctor is more concerned about the EW's sexual behavior about than treating her STI.

Solutions

- Challenge the health workers to be more caring and less judgmental.
- Tell the health staff that you want to be treated equally with other patients.
- Explain to the health workers that you have a right to health care, just like anyone else.

2. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ EWs have a right to health care like any other citizen, to be treated with respect and dignity and to be provided the services available at the health facility on a timely basis. Services should not be denied, delayed, or referred elsewhere because they are EWs.
- ➔ Health workers have a code of conduct requiring them to treat all patients equally and without exception.

- ➡ Health care providers are expected to protect your privacy. They are required by their code of conduct to keep the information they get from you confidential. This is your information. They have no right to tell other nurses or patients about you.
- ➡ EWs should not accept poor treatment at health facilities. If this happens, they should speak out and insist that they get the same services provided to other patients. Don't be aggressive; simply tell the health workers that you deserve to be given equal and confidential care, just like anyone else.



EW.10

HIV Transmission and Entertainment Workers



Objectives:

By the end of this session, participants will be able to identify the risks of getting HIV through different forms of sex.



Target Group:

Entertainment Workers



Time:

1 hour



Preparation:

Body Map – Ask a few participants to prepare a body map before session:

- ➔ Tape four sheets of flipchart paper together to form a large sheet.
- ➔ Put it on the floor and ask one volunteer to lie down on it.
- ➔ Have other participants draw around the volunteer, making a body shape.
- ➔ Then ask participants to write on the sheet female sexual body parts, e.g., vagina, clitoris, breasts, nipples, anus, mouth, neck, etc.
- ➔ Then add EWs' sexual activities, e.g., vaginal sex, oral sex, anal sex, masturbation, massage, etc., with each activity written on a card and taped on the diagram.



Steps:

1. **Review of Body Map:** Ask the participants who prepared the body map to present it, including sexual body parts and sexual activities. Invite questions to clarify.
2. **Risk Continuum:** Then put up three topic cards along the wall – high risk, low risk, and no risk – and ask participants to place the EW sexual activity cards (from the body map) underneath the appropriate category.

Sample Responses:

Risk level	Ways in which HIV may be transmitted
High Risk	Vaginal sex. Receptive anal intercourse.
Low Risk	Oral sex (receptive).
No Risk	Masturbation. Kissing.

3. Take each of the high-risk activities and ask, “Why is this form of sex a high risk activity?” Take a few of the low-risk activities and ask, “Why is this form of sex a low risk activity?”

Take a few of the “no risk” activities and ask, “Why is this form of sex a ‘no risk’ activity?”

Examples of Responses

The information provided below is technically correct information about HIV transmission within an EW context. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

- **Vaginal intercourse:** High risk. The vagina is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man's penis can get into the woman's body and bloodstream.
- **Receptive anal intercourse:** Highest risk. The rectum is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis can get easily into the woman's body and bloodstream.
- **Oral sex (receptive):** Low risk. However, providing oral sex is more risky than receiving oral sex. The woman sucking is more at risk than the man. Why? Sperm gets into the woman's mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.
- **Masturbation:** No risk. When the EW is masturbating the client or her sweetheart, her hands may come into contact with sperm, but the sperm remains outside the body where it is exposed to air, and dies. There is no risk of HIV transmission if there are no cuts on the hands.
- **Kissing:** No risk. As long as there are no cuts or sores in the mouth, kissing is completely safe. The saliva of the infected person may get into the mouth but saliva has very low quantities of HIV.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ HIV is a fragile organism and does not survive long outside the body. It can only survive for a few seconds once it is outside the body. Exposure to air or water kills HIV.
- ➔ HIV does not spread easily from person to person through everyday contact.
 - HIV is not transmitted through the air like TB. It is not transmitted through sneezing or coughing.
 - HIV is not transmitted through skin contact like a skin disease.
 - HIV is not transmitted through food or plates, cups, sheets, etc., or through surfaces such as toilet seats.
- ➔ HIV is only transmitted through infected blood, semen, vaginal fluid, or mother's milk getting into your body.
- ➔ You can only get HIV through:
 - Having vaginal or anal sex without condoms with an HIV-infected person.
 - Sharing needles or syringes with an injection drug user who is HIV-positive.
 - HIV-positive mothers passing HIV to their babies before or during birth (through blood) or after birth through breast milk.
- ➔ HIV has to get inside your body in order for you to become infected by HIV. When we have vaginal sex, sperm can get into the body through small cuts on the vagina. When we have oral sex, sperm and blood from the man's penis can get into cuts in the gums of the woman. When we inject drugs, the infected blood can go directly into the bloodstream.



- ➔ Providing oral sex is more risky than receiving oral sex. The woman sucking is more at risk than the man. Why? Sperm gets into the woman's mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.
- ➔ Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhea and herpes.
- ➔ Untreated STIs greatly increase one's risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI and the STI sore provides another route for HIV to get into the body.



How Stigma toward Entertainment Workers Fuels the HIV Epidemic



Objectives:

By the end of this session, participants will have recognized that stigma or the fear of being stigmatized stops entertainment workers (EWs) from a) getting health services, b) communicating with their sweethearts about sexual health issues, and c) practicing safe sex.



Target Group:

Entertainment Workers



Time:

1 hour



Materials:

Case study – at least one copy for every group



Steps:

1. **Story:** Read the following story:

Ary came from a poor family, but her parents always emphasized the importance of living a moral life. They told her she had to stay away from sex and remain a virgin until she was married, and they watched her closely as a teenager. When Ary turned 16, she left school and went to the nearby town looking for work. A cousin helped her get a job in a karaoke bar, and she kept this news from her parents for a long time. She told them she was working as a secretary and sent money home regularly to her parents, so they were proud of her.



She learned to cope with her job as a sex worker and discovered how to please men, but she protected her health carefully and insisted on condoms with all clients, even those who offered to pay her more to have sex without condoms.

In her second year at the karaoke bar, she met a man from her own village who was working in the same town. They became sweethearts and she moved in with him. When she had sex with him, they didn't use condoms.

Three months after moving in with him, she started to get a burning sensation in her vagina. So she started to get worried. How did this happen? Was he having sex with other girls?

When she went home, she tried to talk to him about her STI, but before she could even mention her problem, he began to shout at her, saying that she was sleeping with everyone and would bring HIV into their relationship. She was shocked, but she remained silent. Now she had no idea how she would tell him about the STI.

She went to the clinic to take an STI and HIV test, but the counselor made her feel very uncomfortable. He asked lots of questions about her sex life, and even asked if he could come visit her at the karaoke bar. These questions upset Ary and she left the clinic without getting tested or treated for HIV or other STIs. She told herself she would never go back.

She started to worry about getting HIV and how this would affect their lives. She told her sweetheart that they should use condoms, but he got angry and said she didn't trust him. She was so worried about losing him that she kept quiet and agreed to have sex with him without a condom, in order to please him. She became very depressed and this affected her work at the bar. She no longer insisted on using condoms with the clients who offered her more money. She felt her life was falling apart, so why should she worry?

One month later, when she went for her monthly STI checkup, she also took an HIV test. She discovered she was positive. When she left the clinic, she felt totally hopeless. How would she tell her boyfriend this disastrous news?

2. Plenary Discussion:

- ➔ What happened when Ary tried to talk to her boyfriend about her STI?
- ➔ Why did Ary not get tested and treated for the STI at the clinic?
- ➔ Why did Ary, at the end of the story, agree to have sex with her sweetheart and clients without condoms?
- ➔ How does stigma towards EWs result in the continuing spread of HIV?

3. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ Fear of stigma stops EWs from:
 - Using clinics, getting tested for HIV or STIs, and getting condoms from clinics.
 - Protecting their own health and the health of their sexual partners by insisting on condom use with sexual partners, including sweethearts.
- ➔ If EWs are HIV-positive, fear of being stigmatized stops them from disclosing their HIV status to their sweethearts and getting counseling, care, and support. Because of HIV stigma EWs, as well as other people living with HIV, are afraid to tell others about their situation.
- ➔ It is the fear of being stigmatized that may stop EWs from taking appropriate action to protect their health and thereby the health of their partners. It is this fear that stops EWs from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that EWs may contract HIV and potentially pass HIV along to their sexual partners, including sweethearts.
- ➔ Fear of stigma keeps HIV underground! EWs may trade off their own lives and their clients' or sweethearts' lives in order to remain invisible and avoid being stigmatized.
- ➔ If on the other hand, if EWs are treated with kindness, support, and care, they will be more likely to access health services and be more able to take precautions in their sexual relationships.

Part Two –

Exercises for Service Providers, Police, and Community



Exercises

- Chapter A Naming Stigma and Discrimination toward Entertainment Workers
- Chapter B Sexuality
- Chapter C Entertainment Workers and HIV
- Chapter D Moving to Action



Chapter A

Naming Stigma and Discrimination toward Entertainment Workers

Introduction

This chapter introduces the topic of stigma and discrimination toward entertainment workers (EWs).

It is designed for use with health care providers, NGO and CBO staff, the police, and the community.

This chapter gets participants to name and take some ownership of the problem of stigma and discrimination toward EWs, to see that:

- ➔ Stigma and discrimination exist and take many forms: rejection, isolation, blaming and shaming, denial of services, and violence.
- ➔ We are all involved in stigmatizing and discriminating, even if we don't realize it.
- ➔ Stigma lowers EWs' self-esteem and results in their avoiding health services and taking less care of their sexual health, and this helps to fuel the HIV epidemic.
- ➔ Stigma is harmful to ourselves, our families, and our communities.
- ➔ We can make a difference by changing our own thinking and actions.

This chapter starts off with a number of experience-based exercises (A1 to A7) that draw out participants' own personal and emotional experiences with the issue of stigma.



Then exercise A8 introduces the definition of stigma. The aim is to get participants to connect to stigma first on a personal level, rather than a theoretical level (e.g., a definition). So when you are planning a workshop, use exercise A8 after the experience-based exercises (A1 to A7).

Exercises A1 to A7 are optional exercises that use different methods (e.g., pictures, drama, testimonies, case studies, etc.). All of these exercises are designed to bring out how EWs are stigmatized by their families, service providers, and community. Select the exercises and methods that suit your target group.



Exercises

- A1. Naming Stigma and Discrimination toward Entertainment Workers through Pictures
- A2. What the Community Says, Fears, and Does about Entertainment Workers
- A3. Naming Stigma and Discrimination through Testimonies from Entertainment Workers
- A4. Naming Stigma and Discrimination toward Entertainment Workers from Different Players
- A5. Finding Solutions and Actions to Challenge Stigma
- A6. Naming Stigma and Discrimination toward Entertainment Workers through Case Studies
- A7. Personal Experience of Being Stigmatized
- A8. What Is the Meaning of Stigma? (Definition)
- A9. The Blame Game
- A10. Forms, Effects, and Causes of Stigma toward Entertainment Workers (Problem Tree)
- A11. How Stigma toward Entertainment Workers Fuels the HIV Epidemic
- A12. Stigma and Discrimination toward Entertainment Workers in the Health Facility

A1.

Naming Stigma & Discrimination toward Entertainment Workers through Pictures



Facilitator's Notes:

This is a good starter activity to get participants talking about stigma and discrimination through looking at and discussing pictures. It helps to introduce the topics of stigma and discrimination and what they mean.



Objectives:

By the end of this session, participants will be able to:

- ➔ Describe stigma and discrimination toward entertainment workers (EWs) in different places
- ➔ Begin to understand why people stigmatize EWs
- ➔ Discuss examples of stigma toward EW from their own lives



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Materials:

EW Stigma Pictures displayed on a wall, table, or floor



Steps:

1. **Picture – Discussion:** Divide into groups of two or three people. Ask each group to look at the pictures and then to select one of the pictures. Ask them to discuss:

- ➡ What do you think is happening in your picture in relation to stigma toward EWs?
- ➡ Why do you think it is happening?
- ➡ How does this affect the entertainment worker?
- ➡ Have you seen situations like this? If so, give some examples.

2. **Report Back:** Each group presents its analysis. Record points on flipchart sheets.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

EW1 Community members are gossiping about an entertainment worker

Community members are pointing fingers at and gossiping about a woman wearing a sexy skirt. They assume that she is an EW, so they are blaming and criticizing her. The woman looks sad and isolated.

EW2 Community members are turning their backs on an EW, who is sitting all alone

EW is sitting all alone, feeling sad and rejected. The whole community is turning their backs on her. They are isolating her because they think she is a bad woman.

EW3 Parents stop their EW daughter from holding her baby

Parents are stopping EW from holding her baby. They are afraid that she may have HIV and infect the child, or they feel, that because of her work as an EW, she cannot be trusted to raise the child. They may feel stigmatized by the neighbors. EW looks very unhappy.

A1.

Naming Stigma & Discrimination toward Entertainment Workers through Pictures

Examples of Responses

EW4 A woman is lying in bed. Neighbors are looking at her through the window

A woman is lying in bed, looking very sick, maybe with HIV. The neighbors are looking at her through the window. They assume she is an EW and so they are saying, "She is a bad woman doing disgusting things so she deserves to get HIV." They may be afraid of getting HIV from her.

EW5 EWs gossiping about another EW

Two EWs are gossiping about and isolating another EW. Maybe she has HIV or has done something wrong. The EW looks sad, lonely, and depressed.

EW6 EW patient being badly treated at the clinic

A nurse tells an EW to go to the back of the line. The EW will have to wait for other patients to be seen before the doctor sees her. The EW feels embarrassed and treated unfairly.

EW7 Patients are gossiping about and isolating an EW at the clinic

Two patients are gossiping about an EW at the clinic. They are trying to avoid sitting beside the EW. The EW looks very unhappy that no one is talking with her.

EW8 Policeman sexually harassing EW.

A policeman is sexually harassing an EW. He is touching her bum and trying to force her to provide free sex. This shows that the police victimize EWs, who have little power.

EW9 EW is sick in bed and no one is caring for her

The EW is sick in bed. Other family members are ignoring her and having a party. No one is caring for the EW. She looks isolated and very sad.

EW10 Self-stigma. EW sitting on bed all alone

The EW is sitting all alone. No one is talking to her. She looks sad, depressed, and lonely. Her family may be stigmatizing her, but it may also self-stigma. She may be isolating herself because of the stigma she has faced. She is upset, but she has accepted the stigma (self-stigma).

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points, if participants have not already mentioned them.

- ➔ Sometimes we treat people badly because of how they look or what we suspect they do. We isolate or reject them, e.g., refusing to sit beside EWs in the clinic; or we gossip about them and call them names because of the way they look. When we isolate or make fun of other people, this is called “stigma”. It makes the person feel ashamed or disgraced.
- ➔ Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfigurement), or a behavioral difference (e.g. men having sex with men) and then mark that difference as something negative – as signs of disgrace. In identifying and marking differences as “bad” this allows or justifies us to stigmatize the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (sinful or immoral behavior).
- ➔ Stigma is the belief or attitude that leads to discrimination. The action resulting from stigma is discrimination, for example, EWs being refused treatment at the clinic or being harassed and sexually exploited by the police. When we stigmatize EWs, we judge them, saying they have broken social norms and should be shamed or condemned, or we isolate them, saying they are a danger or threat to us (because we think we might be negatively affected by their behavior).
- ➔ Stigma is not good. Stigma hurts people. When we stigmatize, it makes people feel lonely, worried, sad, and rejected.
- ➔ EWs are often stigmatized by their families and the community. Either they have to change their behavior to be accepted, or they are forced to leave home and live somewhere else. This makes EWs feel very bad, and it affects their health.

- ➡ There are different forms of stigma:
- Shaming and blaming – Gossip, name-calling, insults, judging, and shaming. EWs are condemned or blamed for their work as entertainment workers, especially because people often assume that EWs are also sex workers, who are viewed as socially negative because as people assume sex workers destroy the stability and happiness of the family. Shaming and blaming are occurring in pictures EW1, EW2, EW4, EW6, EW7, and EW9.
 - Isolation and rejection – Based on moral disapproval. EWs are shunned by their families and friends, in large part because it is assumed they are also engaging in sex work. EWs are isolated out of fear about their assumed criminal behavior (sex work) and their potential influence on others (e.g., encouraging others to become EWs). As a result they are forced to hide their life as entertainment workers from family and friends. Examples in pictures EW2, EW3, EW5, and EW7.
 - Self-stigma – EWs stigmatize themselves in reaction to stigma and discrimination from their families or the community. EWs accept the blame and rejection of society and isolate themselves. Examples in pictures EW2 and EW10.
 - Stigma by association – EW's family may also be stigmatized. They may feel that their neighbors are pointing fingers at them and blaming them for raising an EW. This is an example of stigma by association. Examples in pictures EW2 and EW4.
 - Discrimination (Enacted stigma) – Stigma is an attitude toward others that leads to and supports discrimination. When people act on this attitude (stigma) and treat people badly, this is discrimination, e.g., EW being harassed by the police, not given equal treatment in the clinic, etc. Examples in pictures EW3, EW6, and EW8.



Some of the effects of stigma are:

- Feelings of sadness, loneliness, rejection, hopelessness, and self-doubt.
- Shame and loss of confidence. EWs feel they are no longer accepted by others.
- Discrimination. EWs kicked out of the family, harassed by police, etc.
- EWs not using clinics, not getting STIs treated, not getting tested for HIV, and taking less care in insisting on condom use with clients and sweethearts.



Stigma toward EWs makes them feel despised and rejected; they feel like outcasts. As a result, EWs avoid using health services and take less care of their sexual health, for example, not using condoms regularly and consistently. As a result EWs may be more vulnerable to contracting HIV, and thus, if they become infected, they may pass HIV to their clients or sweethearts. In this way, stigma toward EWs helps to fuel the general HIV epidemic.



The main causes of stigma are:

- Moral judgments – EWs are viewed as practicing sex that breaks social norms and is judged to be immoral.
- Fear and ignorance – People have little understanding about EWs, so out of ignorance they condemn EWs for their assumed sexual behavior or isolate EWs out of fear. They are prejudiced toward people who are seen as behaving differently.
- Appearance – EWs who wear short dresses are judged harshly because their appearance differs from what is considered the socially acceptable way to dress.
- Power, gender, and poverty – Stigma is rooted in power and in women's inequality. Moral rules are often based on unequal power relations, as a way of punishing those who challenge men's control of women's sexuality. Unequal access to resources (education, land ownership) means women have fewer options for earning money.

A2.

What the Community Says, Fears, and Does about Entertainment Workers



Facilitator's Notes:

This exercise helps participants identify how they talk about entertainment workers (EWs), their fears toward them, and what they do. This helps to name the problem of stigma and discrimination faced by entertainment workers and the root causes.

This exercise overlaps with exercise A9, so only one of these exercises should be used.



Objectives:

By the end of this session, participants will be able to:

- ➔ Describe the stigma and discrimination faced by entertainment workers
- ➔ Analyze the root causes of the stigma
- ➔ Decide on ways to challenge stigma



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Preparation:

Put up three cards along the top of the wall:

- ➔ What the community says about entertainment workers (e.g. names people call EWs, comments community members may make when gossiping about EWs, etc.).
- ➔ What the community fears about entertainment workers (e.g., concerns the community has about EWs that leads them to isolate them and discriminate against them).
- ➔ What the community does to entertainment workers (e.g., how the community acts toward MSM, based on their stigmatizing attitudes).



Steps:

1. **What the Community Says, Fears, and Does about Entertainment Workers (Card–Storm):** Divide into pairs and hand out cards and markers. Ask pairs to write points on each of the three topics listed on the wall, one point per card. Emphasize that pairs should write only one point per card and should avoid repeating points that are already on the wall. Tape the cards on the wall under the correct topic. Then eliminate repetition and cluster common points.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

What the community says about entertainment workers

Whores. Golden peacocks. Women without shame. Sex crazy. Irresponsible. Husband stealers. Naughty. Disgusting. HIV carriers. Eating without having to work. Sell your bottom to feed your mouth. Lazy; care more about money. When you die, no one will go to your funeral.

What the community fears about entertainment workers

They will infect us with HIV. Bring bad luck and shame to the family. Destroy culture and morals. Seduce or steal our husbands. EWs will recruit other women to become EWs.

What the community does to entertainment workers

Calls them insulting names. Points fingers, makes fun of, or gossips about EWs. Unfriendly treatment in clinics. Entertainment establishment owners exploit them (low wages, unfair working conditions). Clients cheat them. Sexual violence and rape. Some clients pay them to have sex without condoms. The police harass and beat them.

A2.

What the Community Says, Fears, and does about Entertainment Workers

2. Ask participants to read out each of the lists of cards.
3. Then review the list of cards on the wall and ask:

- ➔ If you were called these names, how would you feel?
- ➔ What are the effects of these labels on EWs?
- ➔ What can we learn from these labels and fears toward EWs?
- ➔ What can we do to challenge stigma toward EWs?

Record their responses on the flipchart.



Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

How would you feel?

Hurt. Angry. Embarrassed. Unfairly treated. Rejected. These words are insulting. It would make me feel sad and ashamed. I would hide my identity as an EW from others so I would not be stigmatized. I would feel hopeless, all my confidence gone.

What would be the effect of stigma on EWs?

These words hurt and make EWs feel despised and rejected by the family and community. Stigma destroys their self-esteem. They feel ashamed and begin to doubt themselves. This may lead to depression, alcohol abuse, or unsafe sex. EWs may stop accessing health services. If EWs get infected with HIV, they may hide it and pass it to their clients and/or sweethearts.

Examples of Responses

What can we learn from the words and the fears?

The stigma toward EWs is based on assumptions about their sexual behavior. People assume they are having sex with many men and selling sex. Many fears are misconceptions. This shows that people know little about EWs. We often stigmatize people on the basis of things we know little about.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
 - ➔ The community uses harsh, insulting words to “blame and shame” the EWs; they have many fears about the EWs, e.g., that EWs destroy culture and morals, and they treat them in a discriminatory way, including sexual violence.
 - ➔ These words and actions are a form of stigma and discrimination. The stigma and discrimination make the EWs feel sad, ashamed, and rejected, and it makes them lose confidence and begin to doubt themselves.
 - ➔ This loss of confidence may result in their taking less care about their sexual health. They may, for example, stop using health facilities and take less care in insisting on condoms with clients and sweethearts; and as a result they may get HIV. In this way, stigma toward EWs helps to fuel the general HIV epidemic.

A3.

Naming Stigma & Discrimination through Testimonies from Entertainment Workers



Facilitator's Notes:

This exercise makes use of personal stories told by those mainly affected by the issue, in this case, entertainment workers (EWs) talking about how their lives have been affected by stigma and discrimination. These stories have a powerful impact on participants. Often this is the first time participants have heard entertainment workers talking about their lives. It helps to give this issue a human face, to make stigma more personal.



Objectives:

By the end of this session, participants will be able to:

- ➡ Name some of the forms of stigma and discrimination experienced by entertainment workers
- ➡ Describe the feelings of being stigmatized; how stigma hurts EWs and affects their self-esteem and their health



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Resource Persons:

EWs to be invited to give their personal stories



Preparation:

Invite two or three EWs who are open about their situation to talk to participants. Approach the EW support group in your area to identify EWs who are willing to share their experiences. Give them the following briefing on how to give their testimonies:

- ➡ Talk about your own lives, growing up within the family and how you were pulled into entertainment work. Talk about how you have been treated by other people once they suspect you are an entertainment worker at home, at your workplace, in the community, in clinics, etc. You can also talk about experiences of being treated well, e.g., someone who treated you with kindness and understanding. Talk about how these experiences made you feel.



Steps:

1. **Testimonies:** Divide into groups, each group with an EW as a resource person. Ask each EW to tell her story and invite participants to ask questions to clarify the story.
2. **Report Back:** If there is enough time, bring the groups back together and ask one of the participants in each group to give a brief summary of the story.
Then ask,
 - a) What were the main forms of stigma identified in the stories?
 - b) What were the features of non-stigmatizing behavior (e.g. when a person treated the EW with kindness)?

A3.

Naming Stigma & Discrimination through Testimonies from Entertainment Workers

3. **Summarize:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
- ➔ These personal testimonies by EWs help us get a better understanding of the lives of EWs and the stigma they face. Some people are afraid of EWs because they know little about them. They have “half information” from various sources and believe the worst about EWs. As a result they isolate or reject EWs.
 - ➔ Some people condemn EWs, blaming them for having sex with many men and undermining the stability and happiness of the family.
 - ➔ These two things, isolation and shaming, make EWs feel like outcasts, as if they are no longer human, and this has a serious effect on EWs mental and physical health.
 - ➔ Stigma destroys EW’s self-esteem. They begin to doubt themselves. Stigma makes EWs feel very alone, confused, and demoralized at a time when they really need the support and company of other people.

Examples of Testimony

I got married when I was 18. I started a small sewing business and got many customers. My husband was a cook in a restaurant. Through his friends, he became addicted to drugs and got HIV. When the owner learned he was HIV-positive, my husband was fired. At the time I didn’t know he was fired because of his HIV. I thought it was because of his drug addiction.

To survive, I took a job in a restaurant. I knew that some waitresses were expected to sell sex, but I felt I had no choice. I was poor and desperate and this seemed to be the only job available.

Examples of Testimony

The job was hard and the manager very demanding. If you came late, your salary was deducted. If you broke a glass, your salary was docked, and you paid three times the price of the glass.

I learned how to look after the customers, but at first I did not have sex with them. Later the owner told me that if I wanted to keep my job, I had to sleep with the customers, and with him.

I found this very difficult at first, but later I accepted it. The customers bought me lots of beer, and this helped me forget my problems. I accepted the rule of condoms with all customers, but a few customers paid me a lot to have sex without condoms. I didn't even like the sex. It was something I was paid to do. Often I was not aroused and as a result it was very painful.

I had few rights as an entertainment worker. Once the customer had paid, he was king. He could do anything he wanted. Our job was just to please him, and we had to accept everything. Sometimes I was forced to have sex in ways I didn't like, e.g., anal sex, and on one occasion a group of young men forced me to have sex with all of them, one after the other.

In the meantime my husband's drug addiction became worse. When he was not on drugs, he was a wonderful man, very loving. But when he had the urge, he would grab anything he could find in the house and sell it to buy drugs. If I tried to stop him, he would beat me.

I began to hate the idea of having to go home, and I spent most of my time at the restaurant or with my clients.



Examples of Testimony

One year after taking the job at the restaurant, I got pregnant. I went to the government hospital to deliver my baby. They asked me to do a blood test, and then told me I was HIV-positive. They told me without any counselling or support. One nurse just walked up to me and said, "You have HIV." No one told me how to cope with this new situation. I was shocked and confused and angry. I didn't know what to do.

I returned from the hospital to find another problem. Someone from the hospital told community leaders that I had HIV and was a sex worker. The neighbors started to gossip about me and my mother-in-law got worried. She refused to accept me back in her home. She said that we would put people at risk. So we had to move to another area in town and rent a room. This made me feel very depressed. I had to leave family and friends and start a new life in a new place.

I was fired by the restaurant owner, but I found another job as a karaoke girl. Soon after I started this work, the other girls found out that I had HIV and they began to gossip about me, saying I had infected my husband. The owner fired me

The one good thing about my life was my baby. He was a very healthy boy, born without HIV, and he made my life worthwhile. When he was older, I tried to send him to the local nursery school, but the manager refused, saying that other parents would not allow it. So I had to send him to another school far from our place where people would not know my status. The child does not have HIV but he is suffering just like me. People say he is an AIDS child!



A4.

Naming Stigma & Discrimination toward Entertainment Workers from Different Players



Facilitator's Notes:

In this exercise participants describe stigma and discrimination toward entertainment workers (EWs) that comes from different players, e.g., family, neighbors, health workers, entertainment establishment owners, clients, etc.

It would work better if a number of EWs were present who could help with identifying stigma from each of the different players. They know what types of stigma are practiced in each environment.

The next exercise (A5) is a follow-on to this exercise. Make sure to save the outputs from A4 to use in A5, and plan for enough time for both exercises to be completed in sequence.

Extra Tips for Facilitators:

- ➡ The number of flipchart stations/categories depends on the number of participants and the amount of time you have. With a large group, you will need many stations/categories so that the groups are not too large. (For this activity it is good to keep the group size of four or less.) Example: 24 participants, eight groups of three people.
- ➡ In introducing this exercise, tell groups in which direction to move, so that there is no confusion when you blow the whistle to ask groups to move to the next station.
- ➡ The rotational brainstorm is fun, but the real learning comes in the debriefing, so make sure you allow enough time/energy for this.



Objectives:

By the end of this session, participants will be able to:

- ➡ Identify stigma and discrimination faced by EWs in different places
- ➡ Begin to identify some of the root causes of stigma



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Preparation:

Set up eight flipchart stations – blank sheets of flipchart paper on different walls of the room, with a topic on each sheet, e.g., family, neighbors, health workers, entertainment establishment owners, clients, and police. Add two extra topics: stigma among EWs, and self-stigma. (Select the contexts in which EWs are the most stigmatized.)



Steps:

1. **Setting up Rotational Brainstorm:** Divide into groups of equal size and assign each group to one of the flipchart stations. Hand out markers and ask each group to write on the flipchart specific forms of stigma or discrimination practiced toward EWs. Provide a few examples. Write one example at the top of each flipchart. Explain that after a few minutes groups will be asked to rotate in a clockwise direction, to move to the next flipchart and add points to it. Then ask groups to start, and after two minutes, shout “Change” and ask them to rotate. Continue until all groups have contributed to all flipcharts.

A4.

Naming Stigma & Discrimination toward Entertainment Workers from Different Players

2. **Report Back and Processing:** Ask each group to present the points on one flipchart (the one they started with). Then discuss some of the following questions:

- ➡ What are some of the common ways that people stigmatize EWs?
- ➡ What are the attitudes/feelings toward EWs?
- ➡ What are the effects on EWs who have been stigmatized?

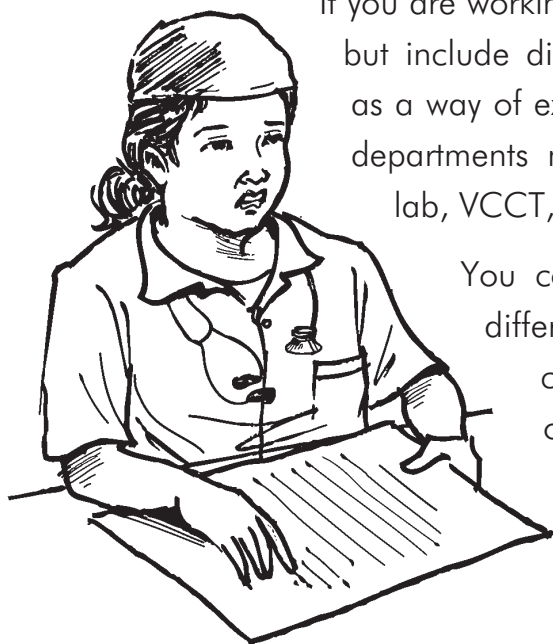
3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ Stigma toward EWs takes place everywhere: homes, communities, clinics, and the EW workplace.
- ➡ EWs are shamed and rejected by families; mistreated at health facilities; harassed and exploited by their clients, bosses and the police; and banned from social gatherings. There are very few places where EWs feel safe. They feel they can be abused, physically and sexually, everywhere they go.
- ➡ Stigma at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you have nowhere else to go. You are all alone.
- ➡ Stigma has a number of common features across all of these situations:
 - People gossip about and make fun of EWs because of how they dress.
 - People “shame and blame” EWs, condemning them because they assume that EWs are selling sex and having sex with many clients, practices that are viewed as breaking socially “acceptable” sexual norms.
 - People isolate EWs, trying to keep them at a distance. Families and friends of EWs are also stigmatized.
 - EWs face discrimination, e.g., health workers treat them unfairly, clients abuse and rape them, police officers harass them, and landlords kick them out of housing.

- ➔ As a coping strategy to avoid stigma and discrimination, EWs try to hide, to keep their EW work hidden from others.
- ➔ Being forced to hide means that EWs may also hide their sexual activities from health care workers, making it more difficult for EWs to get the care they need. For example, EWs may go to a clinic to get an STI treated, but they might find it difficult to tell the doctor that they have an STI because they fear the doctor may discover they are an EW and treat them badly. As a result, the EWs may not get treated for the STI. For similar reasons, EWs may also avoid getting tested for HIV.

Adaptation for Health Workers

If you are working with health workers, you can do the same exercise, but include different departments/rooms within the health facility, as a way of exploring stigma in the clinic or hospital. The different departments might include, for example, outpatient department, lab, VCCT, pharmacy, etc.



You could also do the exercise as a “stigma walk” with different groups of health workers walking through the clinic to observe different types of stigma that might occur in the different departments or rooms. Ideally this walk should be done on a joint basis with a mixed group of health workers and EWs.

Keep a record of observations made in each room; this can become the focus for discussion.

A4.

Naming Stigma & Discrimination toward Entertainment Workers from Different Players

Examples of Testimony

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma in the Family

Scolding, belittling, and shaming – “Why did you bring shame on the family?”
Family wants to protect its reputation so they try to hide the fact from neighbors that a family member is an EW.

Some families are happy to get the EW’s income, but they still blame her for her work.
Giving up on the EW, telling the EW that she is no longer part of the family.

Stigma by Neighbors and the Community

Isolation. Name-calling. Finger pointing. Negative gossip. Angry looks.
Blame EWs for stealing other women’s husbands.
People look down on the EW and try to avoid her when they see her on the street.
People stop or reduce visits to the family and stop sharing food.
The community say they will not attend a funeral of an EW.

Stigma and Discrimination at the Health Facility

Bureaucratic and unfriendly treatment. Harsh and scolding language.
EW patients are kept waiting or told to come another day or treated last.
Gossip, pointing fingers, and making fun of EW by clinic staff and other patients.
Clinic staff keep their distance and show their disapproval through body language.
Judging comments: “You deserve to get this, because of your disgusting behavior.”
Breaking confidentiality. Clinic staff tell other staff and patients. Gossip.
Some staff refuse to treat EWs and refer EW patients to other staff.

Examples of Testimony

Stigma and Discrimination from Entertainment Establishment Owners

Name-calling and verbal abuse.

Exploitation: low wages and poor working conditions. Demand free sex from EWs.

Salary deducted for many reasons, e.g., coming late, breaking a glass.

When EWs cannot work anymore, they are told to leave, and treated as useless.

If they become pregnant or HIV-positive, they are kicked out.

Stigma and Discrimination from Clients

Insulting words and sexual harassment (e.g., grabbing EW's breasts).

If an EW objects to harassment, the client insults her and threatens to beat her.

Once clients have paid, they think they can do anything to an EW, including rape and gang sex.

Some EWs are just waitresses, but owners and clients force them to have sex.

Stigma and Discrimination from the Police

Sexual harassment and coercion. Force EWs to provide free sex. Ask for bribes.

If EWs refuse, the police use threats or violence to get what they want.

Police attitudes: "You are an easy girl so I can sleep with you."

Individual (Self-Stigma)

Self-isolate. Minimize interaction with family members. Withdraw from family activities.

Worry about what people are saying about them. Paranoia: "Are they talking about me?"

Blame themselves for becoming an EW: "My ancestors are punishing me!"

A5.

Finding Solutions and Actions to Challenge Stigma



Facilitator's Notes:

This exercise is an add-on to the previous exercise (A4). We recommend you do this exercise immediately after doing A4. The aim of Exercise A5 is to get participants to start thinking about how to solve or challenge stigma toward entertainment workers (EWs). Participants work in small groups, developing solutions for each of the contexts that were discussed in A4.



Objectives:

By the end of this session, participants will be able to identify possible solutions to challenge the stigma and discrimination.



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Materials:

Outputs from A4



Steps:

1. **Task Groups:** Divide into small groups and give each group one of the flipchart outputs from A4. Ask them to read the flipchart and discuss the following:

- ➡ What are the causes of the stigma and discrimination in your place?
- ➡ What can we do to solve or challenge these forms of stigma and discrimination?

When they are finished, ask them to prepare a short role-play to show the stigma and discrimination in their place.

2. **Report Back:** Ask each group to:

- ➡ Present their drama showing the forms of stigma and discrimination
- ➡ Present their ideas on: i) causes and ii) solutions

Examples of Testimony

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Family:

Help the family understand that:

- EWs are most often working as entertainment workers because they are poor.
- EWs are not criminals or deviants; EWs are like anyone else; they just want to be respected and treated as part of the family.
- Stigmatizing EWs undermines their self-esteem and makes them take less care in protecting their sexual health.
- They are not alone; there are other families with EWs.

Examples of Testimony

Health Facility:

- Get health workers to treat all patients with respect and to follow their code of practice.
- Overcome the attitude that EWs are immoral, that they are less deserving at the clinic. This makes EWs feel they don't deserve fair treatment and so they accept it when they are poorly served, and they do not demand their right to be treated properly.
- Get health workers to talk openly about their concerns about EW patients and correct misconceptions.
- Encourage health workers to stop gossiping and name-calling and to protect confidentiality.
- Train health staff on how to deal with EW patients in a nonjudgmental way.

Community:

- Raise awareness by providing correct information about EWs.
- Help leaders understand EWs so they can speak out on their behalf.
- Include EW as a topic in community meetings and encourage EWs to give testimonies.
- Help community understand EWs so that the family is not stigmatized.



A6.

Naming Stigma & Discrimination toward Entertainment Workers through Case Studies



Facilitator's Notes:

These case studies are based on real experiences of entertainment workers (EWs). They can be used to help participants develop a better understanding of the lives of EWs.

Participant literacy is necessary to complete this activity. If only some participants are literate, make sure that each small group has at least one literate member to read the case studies aloud to illiterate group members.



Objectives:

By the end of this session, participants will be able to:

- ➡ Understand stigma and discrimination toward entertainment workers in more depth
- ➡ Discuss real-life stories and look at ways of challenging stigma and discrimination



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Materials:

Copies of the case studies for participants



Steps:

1. Divide into small groups of three or four people. Give each group the full set of case studies and assign each group one of the case studies. Ask each group to read its case study and discuss the following questions:

- ➡ What happened? Why?
- ➡ What do you think about the situation in your case study?
- ➡ What could the main character do to challenge the stigma and discrimination?

2. **Report Back:** Ask each group to report back on what they have learned from discussing the case study. Ask other groups to comment.

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ EWs face stigma and discrimination in many places: at home, in the workplace, at health facilities, and at the hands of clients and police officers.
- ➡ EWs are shamed and rejected by their families; badly treated at health facilities; and physically and sexually abused by their clients, bosses and the police.
- ➡ The main causes of stigma are:
 - Moral judgments – EWs are viewed as selling sex and having many sexual partners, practices that break social norms and are judged to be immoral.
 - Fear and ignorance – People have little understanding about EWs, so out of ignorance they condemn EWs for their assumed sexual behavior.
 - Power, gender, and poverty – Stigma is rooted in power and women's inequality. Most EWs are poor and powerless, so they are targets for stigma and discrimination.

A6.

Naming Stigma & Discrimination toward Entertainment Workers through Case Studies

- ➔ One form of stigma is the physical and sexual violence EWs often face from their bosses, clients, and some police officers. They often feel powerless at the hands of these men. The attitude of the client is that once they have paid their money, they can do anything to the EW without her complaining.
- ➔ EWs can do something to combat the stigma and violence, but to do this they need to be empowered, and find ways to tell their clients and bosses that:
 - they deserve to be treated with respect
 - the insults and physical and sexual violence are wrong and should not be accepted.

Case Study A – Kanya (Stigma from family and neighbors)

Kanya grew up in a small village near Sihanoukville. She enjoyed going to school and was doing very well, and hoped to go to university. When she was 17 her mother died and her father got married again. When his new wife moved in, her father stopped caring for Kanya. She was forced to drop out of school and look for work. She found a job as a karaoke girl in Sihanoukville. Her father asked her what she was doing, and she told him she was working in a company. Later he found out what she was actually doing, and he stopped talking to her. She had no friends, just



those at work. In her home area she was treated like an outcast. Neighbors would avoid her when she walked by. She used to buy many things for the house, but this didn't make any difference. Family members shunned her and hardly talked to her. One day her father shouted at her, saying: "No one in our family has ever worked as a karaoke girl like you. Why are you killing our family honor?" He told her to leave and find a place of her own.

Case Study B – Rachany (Stigma from clients)

Rachany didn't want to be an entertainment worker when she grew up, but her parents were poor and this seemed the only job available when she came to the city. A friend found her a job at a restaurant and she started work as a waitress. The owner told her she had to please the clients, but no one told her this included having sex. On the first day a client tried to touch her breasts and said he wanted to have sex with her. She refused and he got very angry, insulted her and threatened to beat her. She told him, "I'm only here as a waitress," but he said, "Who are you kidding! Stop pretending you are a good woman. You are bad woman, whore. That's why you are working here. You must give me sex!" He complained to the manager and the manager came and told her to "please the client." Rachany felt humiliated. She wanted to keep the job so she went out with the customer. He was very rough and the sex was very painful, and afterwards he beat her, saying, "Don't do that again!"



Case Study C – Maly (Stigma at the clinic)

Maly is a karaoke girl. She sings with customers and occasionally agrees to have sex with them. She insists on condoms when having sex with clients, but sometimes they give her extra money to have sex without a condom. She also has a sweetheart. She doesn't use condoms with him; if she did, this would imply she didn't trust him. One day she started to have painful symptoms in her vagina. She went to the STI clinic to get tested and treated. The doctor who examined her, looked at her as if she were nothing, and said, "You sleep with your clients, don't you?" Maly didn't like his tone of voice, so she said, "I don't normally go with them, but my sweetheart may be sleeping with other people." The doctor said, "Why do you bore me and have your blood tested? If you don't sleep with your clients, why do you waste my time getting your blood tested?" Maly had trusted this doctor and believed he was tolerant and understanding, but she now felt humiliated. She said she would never go back to that clinic again.



A6.

Naming Stigma & Discrimination toward Entertainment Workers through Case Studies

Case Study D –

Chan (Stigma from entertainment establishment owners)



Chan has been working for five years in a massage parlour. The boss is very cruel. He forces all the girls working for him to sleep with him. He doesn't care about their health. Chan and other girls wanted to go for an STI test each month, but he refuses to provide money for the transport. He tells them, "I don't care if you die. If you get HIV, it's your own fault. And if you miss work, it will be taken off your salary." Chan has stopped going for an STI test because it costs too much, including the transport cost and the deduction from her salary.

Case Study E – Davi (Stigma and discrimination from the police)

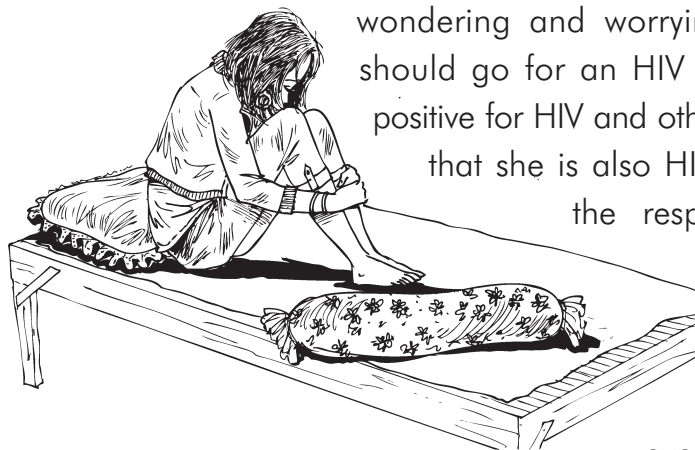
Davi was going home one day after her work at the karaoke bar. A policeman stopped her and told her she was beautiful and wanted to sleep with her. She told him that she was late for an appointment with her husband. He told her, "Don't fool with me, little girl. I know who you are. You're not married. You work in that bar and you have sex with tons of clients – so you have to sleep with me too!" She became afraid and said, "Look, I just want to go home. Leave me alone." He said, "I'm tired of your excuses. If you refuse to sleep with me, I'll beat you – and arrest you, so you'd better come with me." He grabbed her and forced her to have sex without a condom.



Case Study F – Sothy Tevy

Sothy is a 35-year-old EW. She has a sweetheart who uses drugs, and they have been talking about having a child together. She uses condoms with her clients, but she stopped using condoms with him, so she could get pregnant.

Her sweetheart has been getting sick and becoming more and more ill. She keeps wondering and worrying about his health and whether they should go for an HIV test. Her biggest fear is that if he tests positive for HIV and others find out about it, everyone will assume that she is also HIV positive and she will lose her job and the respect and support of her family. She



doesn't know whom to talk to about her sweetheart's illness and her fears about what might be causing it. The girls at work will tell others and soon everyone will know. What can she do?

A7.

Personal Experience of Being Stigmatized



Facilitator's Notes:

This exercise asks participants to think about a time in their own lives when they felt stigmatized and to use this experience to help them understand some of the feelings of being stigmatized, a way of making them empathize with entertainment workers (EWs).

This exercise requires a lot of trust and openness within the group so it should not be used as the first exercise. It works better if it is used after two or three exercises selected from A1 to A6 where participants identify stigma faced by entertainment workers in different situations. Then A7 can be used to get a more personalized understanding of stigma: How it feels to be stigmatized oneself. By this point, participants are beginning to open up with each other and are now ready to share some of their own experiences.

You should note that the exercise looks at stigma in general, not EW-related stigma. This is why the instructions are, "Think of a time in your life when you felt isolated or rejected for being seen as different from other people." Give participants a few examples (e.g., being made fun of because you came from a poor family; or being made fun of in school because you were smaller than others or poor at football). The examples will help participants understand what type of experiences they are expected to think about.

This exercise needs a good introduction in order to help participants break out of their initial discomfort about sitting and reflecting on their own and sharing their own experiences with others. One way to get started is for the facilitators to share their own experience and feelings first.

Emphasize that the sharing is voluntary; no one is forced to share. Emphasize the importance of confidentiality, that what is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As the facilitator, you should be ready to deal with the emotions raised. Some suggestions on this are given in the note on Individual Reflection in the introductory chapter, under Part C: Specific Workshop Techniques.

Part A is the most important exercise; if you are short of time and cannot do everything, at least do Part A.



Objectives:

By the end of this session, participants will be able to:

- ➡ Describe some of their own personal experiences concerning stigma
- ➡ Identify some of the feelings involved in being stigmatized



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1 hour



Steps:

Part A. Experience of being stigmatized

1. **Individual Reflection:** Ask participants to sit on their own. Then say: “Think about a time in your life when you felt people were making fun of you or isolating you for being seen to be different from others.” Explain that this does not need to be examples of stigma toward EWs. It could be any form of

A7.

Personal Experience of Being Stigmatized

stigmatization for being seen to be “different.” Give a few examples such as being made fun of because you came from a poor family or being made fun of in school because you were smaller than others or poor at football. Ask them to think about “What happened? How did it feel? What impact did it have on you?”

2. **Sharing in Pairs:** Say, “Share with someone with whom you feel comfortable.” Give the pairs a few minutes to share their stories with each other.
3. **Sharing in Plenary:** Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. People will share if they feel comfortable. If it helps, give your own story to get things started. As the stories are presented, ask, “How did you feel? How did this affect your life?”

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Experiences of Being Stigmatized (Examples)

Made fun of for coming from a poor family. Underrated as a woman and discouraged from continuing her education. Made fun of for being small in size.

How did you feel when you were stigmatized?

Angry. Ashamed. Misunderstood. Depressed. Rejected. Pitying myself, feeling miserable. Resentful. Doubting myself. Useless. Failure. Hated. Like an outcast.

4. **Processing:** Ask, "What did you learn from the exercise about stigma? What feelings are associated with stigma?"
5. **Summarize:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
 - ➔ This exercise helps us get an inside understanding of how it feels to be stigmatized.
 - ➔ The feelings of being stigmatized are very painful. People get badly hurt.
 - ➔ The feelings of being stigmatized, of being mocked and despised, last a long time.
 - ➔ Stigma destroys people's self-esteem. People begin to doubt and hate themselves. They feel very alone at a time when they need the support and company of other people.
 - ➔ Everybody has felt ostracized or treated like a minority at different times in their lives. And it is okay to feel like that, because you are not alone. We have all experienced this sense of social exclusion.

Part B: Experience of Stigmatizing others

This exercise should be done at a separate time, not immediately after Part A.

1. **Individual Reflection:** Ask participants to sit on their own. Then say, "Think about a time in your life when you made fun of, isolated or rejected other people because they were different." Ask them to think about "What happened? How did you feel? What was your attitude? How did you behave?"



A7.

Personal Experience of Being Stigmatized

2. **Sharing in Pairs:** Ask participants to share with someone with whom they feel comfortable.
3. **Sharing in Plenary:** Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. As the stories are presented, ask, "How did you feel? How did this affect your life?"

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Experiences of Stigmatizing others

Keeping at a distance from someone who has a skin disease. Avoiding shaking hands with people who are suspected to have HIV. Making fun of other people

How did you feel when you stigmatized others?

It made me feel superior. Better than the other person. It made me feel powerful. Getting revenge for being treated the same way by others. I felt guilty to hurt someone.

4. **Processing:** Ask, “What did you learn from this exercise?”

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

We can't blame people for stigmatizing; they have been conditioned to stigmatize. People will be more accepting if they have more exposure, experience, and knowledge. When we stigmatize others, this gives us a feeling of power and superiority. I can forget the person (his humanity) and stop dealing with him as a human being. I view the stigmatized person as a “threat”, so I isolate or exclude them.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them:

- ➔ These stories show that poor people, women, young people, and people who try to do unusual things (e.g., woman wanting to go to university) are stigmatized.
- ➔ People often stigmatize unconsciously. They are not aware they are doing it. They are only acting that way because of how they have been socialized.
- ➔ Individuals can make a difference by making an effort to stop stigmatizing and to be a positive example for others.

Examples of stories of being stigmatized
(These examples emerged from one workshop.)

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

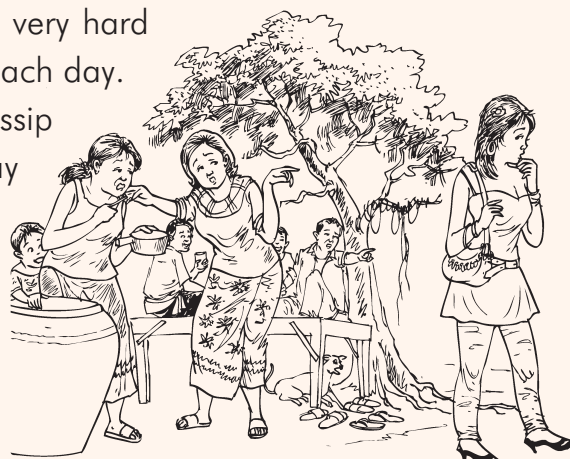
Story 1: I was born into a poor family. We lived in a small house. The neighbors looked down on us and made fun of us for being poor. These attitudes hurt us, but it made us work hard, and eventually our lives improved. But the neighbors could not accept our improved status and continued to make fun of us. I still feel the pain of being treated as a poor person. I felt despised. We were nothing, no matter what we did. This still makes me angry.

Story 2: People have always stigmatized me as a woman. They under-rate me, never listen to my ideas, and think my opinions are useless. When I was young I wanted to study, but my parents kept saying, "No, you are a girl. Your work is in the house, not in the classroom." They tried to block me from going further in my studies, but I never gave up, and I completed my university studies. Eventually they began to respect my ideas and to see that girls can also do well. Now they listen to me and accept that I have something to contribute.

Story 3: I was interviewed for a job with the police. The interviewer made fun of my height: "You are so short, even an AK47 is bigger than you." I was not selected and felt stigmatized because of my height. I felt angry, embarrassed, frustrated, and disappointed, my future destroyed by regulations that I felt were discriminatory. I couldn't do anything about changing my size, so I was told to go home.

Examples of stories of being stigmatized
(These examples emerged from one workshop.)

Story 4: I am a good daughter and work very hard at my job, working from 8 a.m. to 5 p.m. each day. But the neighbors look for reasons to gossip about me and spoil my character. They say I pretend to be a good, obedient girl, but in fact they say many bad things about me, saying I have many boyfriends.



A8.

What is the Meaning of Stigma? (Definition)



Facilitator's Notes:

Discussions on the definition of stigma should only be done only after participants have developed a better understanding of stigma on an experiential basis through participating in some of the previous exercises.



Objectives:

By the end of this session, participants will be able to describe what stigma means and give examples



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



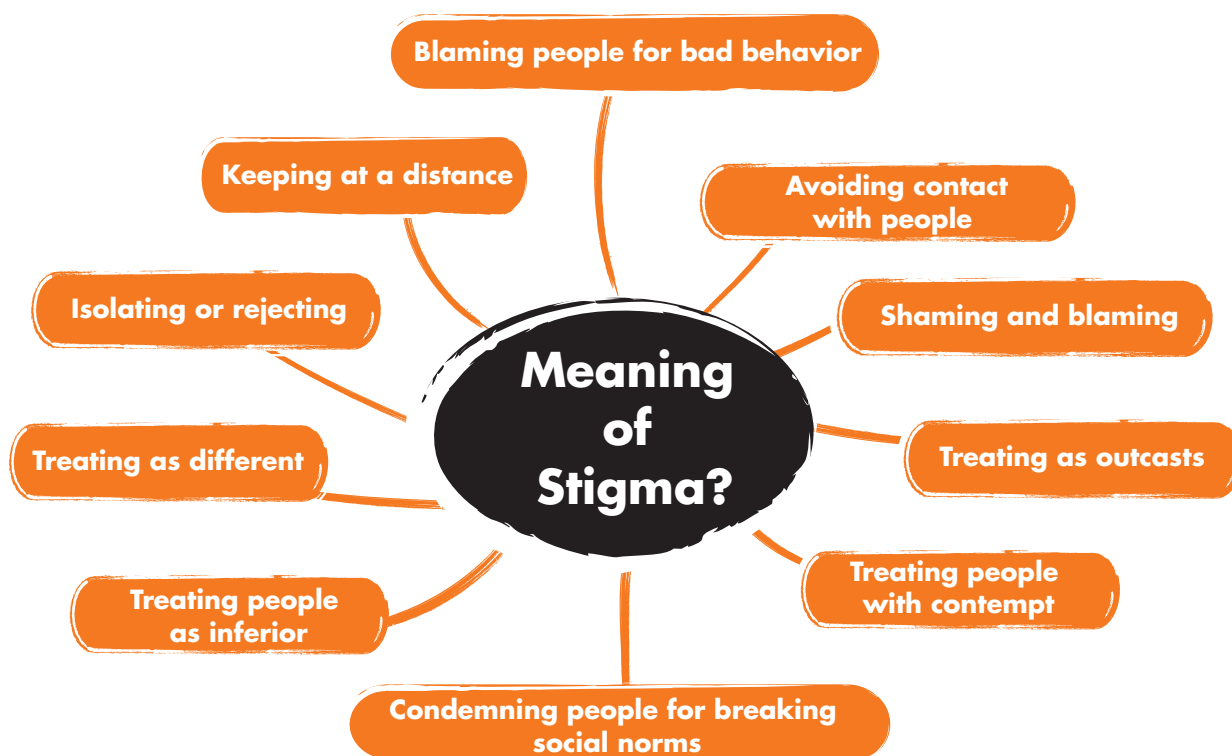
Time:

1 hour



Steps:

1. **Participants' Ideas on Stigma (Brainstorm):** Ask, "What do you think is the meaning of stigma?" Then ask participants to call out what they think stigma means and record their ideas in a circle diagram. Below is an example of what this diagram might look like.



2. **Presentation:** Then explain and discuss the following.

- ➔ Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfiguration), or a behavioral difference (e.g., men having sex with men) and then mark that difference as something negative—as having a negative attribute, as a sign of disgrace. Identifying and marking differences as “bad,” allows or justifies stigmatizing the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (e.g., sinful or immoral behavior).

- ➔ To stigmatize is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong (e.g., sinful or immoral behavior). When we stigmatize, we judge people, saying they have broken social norms and should be shamed/condemned; or we isolate people, saying they are a danger/threat to us.
- ➔ Stigmatizing beliefs lead to discrimination and unfair treatment of those who are believed to be negatively different. Stigma is the belief; discrimination is the action.
- ➔ Stigma and discrimination result in great suffering. People get hurt.
- ➔ Stigma toward EWs takes four major forms:
 - Shaming and blaming. EWs are shamed for behavior that is seen as breaking social norms.
 - Isolation or rejection based on ignorance and fear about EWs. They are isolated out of fear about their assumed criminal behavior (sex work) and their assumed potential influence on others (e.g., encouraging others to become EWs).
 - Stigma by association. Friends and family of EWs are stigmatized because of their association with EWs.
 - Self-stigma. EWs stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and isolate themselves.
- ➔ The main causes of stigma toward EWs are:
 - Moral judgments – They are viewed as practicing sex that breaks social norms and that is seen as immoral
 - Fear and ignorance – People have little understanding about EWs, so out of ignorance they condemn them for their sexual behavior or isolate them out of fear. They are prejudiced toward people who are seen as behaving differently.

- Appearance – EWs who wear short dresses are judged harshly because their appearance differs from the norm
- Power, gender, and poverty – Stigma is rooted in power and in women's inequality. Moral rules are often based on unequal power relations, a way of punishing those who challenge men's control of women's sexuality.

➔ Stigmatization is a process

- We identify and name the differences in someone known/suspected to be an EW.
- We associate negative attributes to that difference, and so make judgments about that person: "She is having sex with many men, which is immoral, breaks traditional values, and is corrupting society."
- We isolate or judge/ridicule EWs, separating "them" from "us."
- The person who is stigmatized (isolated and judged) loses status and experiences discrimination (e.g., losing a job, being denied health care).

➔ Stigma is viewed at present as something right. People think that it is acceptable to isolate and shame entertainment workers. They are not aware of how it affects entertainment workers and how it affects the HIV epidemic.

➔ Stigma toward EWs is wrong. It is not acceptable! It hurts EWs and drives the epidemic underground. Those stigmatized find it difficult to access treatment or testing services and they may stop practicing safe sex, and in this way HIV keeps moving.

➔ EWs have the right to be protected from stigma and discrimination.

➔ EWs are often blamed and shamed for working as EWs. We need to support them, not blame them.

A9.

The Blame Game



Facilitator's Notes:

This exercise looks at stigmatizing words. The words can be very strong and insulting, so participants need to understand why they are being asked to make lists of stigmatizing words for marginalized groups.

This exercise is not designed for entertainment workers (EWs); it is designed for health care providers, NGO and CBO staff, police, and the community. This exercise should not be used with EWs.

The title of this exercise, “Things the community says about EWs,” allows participants to express their own stigmatizing labels for other groups under the cover of attributing them to “the community.” So while some words are those commonly used by the community, other words are those actually used by participants themselves.

In doing this exercise, we should make it clear that we are using these words not to insult people, but to show how these stigmatizing words hurt.

In debriefing this exercise it is important to really focus on how participants feel about these names, rather than on the words themselves. This helps to avoid the embarrassed laughter. The whole point of this exercise is to help participants recognize how these words can hurt.



Objectives:

By the end of this session, participants will be able to:

- ➡ Identify labels used by people to stigmatize EWs and other stigmatized groups
- ➡ See that these words hurt



Target Group:

Health care providers, NGO and CBO staff, police, and the community



Time:

1 hour



Preparation:

Make a list of groups that experience stigma in your community, e.g., entertainment workers, men who have sex with men (MSM), people living with HIV, drug users, orphans, widows, street people, and garment factory workers. Then using this list, prepare the flipchart stations. Tape blank sheets of flipchart paper on different walls of the room, with one of these groups written at the top of each sheet.



Steps:

1. **Warm-up – Switching chairs game:** Set up the chairs beforehand in a circle. Allocate roles to each person going round the circle, based on the groups listed on the flipcharts: "EW, MSM, person living with HIV, drug user, orphan, widow, and street person." Continue until everyone has been assigned a role. Then explain how the game works.

Examples of role play

I am the caller and I do not have a chair. When I call out two roles, e.g., "EW" and "MSM", all the "EWs" and "MSM" have to stand up and run to find a new chair. I will try to grab a chair. The person left without a chair becomes the new caller, and the game continues. The caller may also shout "Revolution," and when this happens, everyone has to stand up and run to find a new chair.

Then shout, "EWs" and "MSM," and get the "EWs" and "MSM" to run to a new chair, and this starts the game.

Debriefing: Ask, “How did it feel to be called an EW, MSM, PLHIV, etc?”

2. Things the Community Says About ... (Rotational Brainstorm):

Divide into the number of groups based on the roles used in the game, e.g., all the EWs together, all the MSM in one group, etc. Ask each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the things the community says about those in the said group. After two minutes, shout “Change” and ask groups to rotate and add points to the next sheet. Continue until groups have contributed to all six flipcharts and end up back at their original list.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Some Examples of “Things People Say About...”

Entertainment workers

Golden peacocks. Women without shame. Sex crazy. Irresponsible. Husband stealers. Naughty. Disgusting. HIV carriers. Eating without having to work. Sell your bottom to feed your mouth. Lazy: care more about money. When you die, no one will go to your funeral.

Men who have sex with men

Katooley. Sex crazy. Sex addicts. Abnormal. Cursed. Mentally sick. Painted boy/third sex. Dirty. Disgusting. Rebellious. Half man-half woman. His penis died. Why can't you be a real man? HIV carriers. He looks like a girl, walks like a girl, and has a high voice, so he should have been a girl.

Examples of Responses

Drug users

Out of control. Dangerous. Criminals. Thieves. Bad people. Useless. Crazy about drugs. Rebellious; didn't listen to parents. Bottom of society. Outcasts. Flat ears. Deserve to die. People without morals. Society's burden. Money burner. Destroying family's assets. Black rice.

People living with HIV

Sex crazy. Many sex partners. Irresponsible. Stupid (got infected). Useless. Unlucky. Got HIV because you betrayed your wife. Cursed. Immoral. Deserve to die. It's your own fault. Living but looks dead. When you die, no one will go to your funeral.

Orphans

Thieves. Criminals. Son of a whore. Children of parents with HIV. You are a bastard. Your parents were bad people. Your parents died of AIDS. Useless. Burden. No future. Diseased. Miserable. Misunderstood. Hopeless. Abused.

Widows

Husband eaters. Husband stealers. Sex crazy. Kill to inherit wealth. HIV carriers. Dangerous. Threat to other women. Evil. Spreading disease. Useless.

3. **Report Back:** Bring everyone together into a large circle. Ask one person from each group to stand in the middle of the circle and read out the names on their flipchart, starting with, "This is what you say about me..."

After all lists have been read out, ask the following questions:

- ➡ How would you feel if you were called these names?
- ➡ How would you feel if your sister or brother were called these names?
- ➡ Why do we use such hurtful language?
- ➡ What are the assumptions behind some of these labels?

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

How would you feel if you were called these names?

- Sad. Hurt. Angry. Ashamed. Embarrassed. Unfairly treated. Rejected. Miserable.
- Their words are insulting. It makes me sad and ashamed. I wish I could die.
- It makes me feel unfairly treated.
- I'm going to hide my EW identity from others so I won't be stigmatized.
- I feel hopeless. All my confidence is gone. I don't know how I will survive.



4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ We are socialized or conditioned to judge other people. We judge people based on assumptions about their sexual and other behavior.
- ➡ Sex is a taboo, something shameful that we should not talk about. So we often shame and blame people whose sexual behavior is different from ours.
- ➡ EWs, MSM, people living with HIV, and even widows were all labelled on the flip charts as sexually immoral. They were called "sex crazy," "irresponsible," and "AIDS carriers." The judgments in this case are based on sexual morality.

- ➔ These are disadvantaged/vulnerable groups who are lacking in power. They are stigmatized partly because they have limited power to resist these labels.
- ➔ All of these labels show that when we stigmatize, we stop dealing with people as human beings. We forget their humanity (by using mocking or belittling words) and this gives us a feeling of power and superiority over them.
- ➔ All of these labels are based on assumptions for which we have insufficient information. They are generalizations that have no validity. We simply assume that “the other people” are “dirty, disgusting, useless, sex crazy, etc.”
- ➔ We attribute characteristics to a group and everyone who belongs to that group. We assume that all members of that group have the same characteristics, e.g., that all EWs are sex crazy.
- ➔ Stigmatizing words are very strong and insulting. They have tremendous power to hurt, to humiliate, to destroy people’s self-esteem. When we “shame and blame” EWs, it is like stabbing them with a knife. It hurts!
- ➔ So how should we treat EWs? We should give EWs: a) respect and affection; b) support and encouragement; and c) space, place, and recognition. If we treat EWs well, giving them love and respect, they will keep their self-esteem and feel empowered and take charge of their lives, accessing health services and taking care of their sexual health. But if we treat EWs badly, because of the feelings of hurt and shame and rejection, they will hide from society and avoid using clinics and condoms, which puts EWs at higher risk for contracting HIV, and this may result in HIV being passed to others.
- ➔ Why do we condemn some groups and accept others? We are not saying that EWs are right or wrong. Whether or not you agree with someone, you don’t have the right to belittle her or him. You must look at a human being as a human being and empathize as though the person were your son or daughter. Try to put yourself in the shoes of the other person: How would you feel if you were called these names? Even if you don’t like the person, understand her or him.

A10.

Forms, Effects, and Causes of Stigma toward Entertainment Workers (Problem Tree)



Facilitator's Notes:

This is a good exercise to review all the things learned in the earlier exercises. It uses a Problem Tree method to make a list of forms, impacts, and causes. Then the group can do further analysis on causes and start looking at solutions.



Objectives:

By the end of this session, participants will be able to:

- ➡ Identify different forms of stigma facing entertainment workers (EWs) and how stigma affects EWs, families, communities, and the spread of HIV
- ➡ Identify some of the root causes of stigma toward EWs and possible solutions



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:

1-2 hours



Preparation:

Using cards, set up the structure for the problem tree on the wall

Location	Feature	Question
Top	Effects	How does this affect the person stigmatized (e.g., isolation)
Middle	Forms	What do people do when they stigmatize? (e.g., name-calling)
Bottom	Causes	Why do people stigmatize EWs? (e.g., lack of knowledge)

Write one or two example cards for each category and tape on the wall. See examples on the following page.



Steps:

1. **Problem Tree:** In pairs, participants write points on cards and tape them on a wall diagram to make a “problem tree,” showing types of stigma (main trunk), effects (branches), and causes (roots). Then points are reviewed, and more analysis is done on the causes.
2. **Card-Storming (Pairs):** Divide into pairs. Hand out cards and markers. Ask pairs to write points on cards corresponding to effects, types of stigma, and causes, one point per card, and then tape their cards at the appropriate level of the diagram.
3. **Clustering:** Ask a few pairs to come up to the wall and organize the cards for each category, eliminating repetition and putting similar points together. Then ask these participants to present the cards they have organized.
4. **Debriefing (Plenary):** Review one level at a time and clarify any points that are unclear. Then look at the links between the different levels. For example identify one form of stigma (e.g., shaming and blaming) and show its root causes (e.g., moral judgments) and some of its effects (e.g., shame, feeling excluded).
5. **Analyzing Causes and Developing Solutions (Task Groups):** By this stage you will have a huge, overwhelming list of points or “trees,” but further analysis is needed to be able to “see the forest,” to make things more meaningful.

A10.

Forms, Effects, and Causes of Stigma toward Entertainment Workers (Problem Tree)

- ➡ Reach agreement on the major causes. Then assign each cause to a task group.
- ➡ Ask each group to analyze its cause: Why is this a root cause? How does this lead to stigma? Give examples.
- ➡ Then ask the group to develop solutions: "What can we do to challenge these causes?"

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Effects of Stigma on EWs

Personal – Shame. Loneliness. Feeling excluded. Loss of status and self-esteem. Loss of hope and will to live. Self-blame. Stress. Anger. Resentment. Poor health. Alcoholism. Depression. Suicide. Family and community know their secrets. Not caring anymore; take risks and become reckless.

Family – Family conflicts. Forced to leave home. Breakdown in communication with parents.

HIV Epidemic – Loss of confidence; less care about protecting their health. Avoid using health services. Not getting STIs treated. Not using condoms. Not getting tested for HIV. Result: HIV spreads silently to clients or sweethearts.

Forms of Stigma and Discrimination against EWs

Shaming and blaming – Bad words. Condemning. Judging. Scolding. Insulting. Gossip.

Isolation – Rejection. Refuse to sit beside EWs. Excluded from activities. No one talks to them.

Violence – Kicked out of the house. Beaten by clients and police. Sexual violence/rape.

Examples of Responses

Discrimination – Poor treatment at clinic. Harassed by police.

Self-stigma – Blaming and isolating oneself. Accepting shame. Withdrawal from activities.

Stigma by association – Family, sweethearts, and friends of EWs are also stigmatized.

Causes of EW Stigma

Moral judgments – View that EWs have broken social norms by having sex with many men.

Fear and ignorance – People have little understanding about EWs, so out of ignorance they condemn them for their sexual behavior or isolate them out of fear. They are prejudiced toward people who are seen as behaving differently.

Appearance – EWs who wear short dresses are judged harshly because their appearance differs from what is considered appropriate dress for a woman.

Power, gender, and poverty – Stigma is rooted in power and in women's inequality. Moral rules are often based on unequal power relations, a way of punishing those who challenge men's control of women's sexuality.

A11.

How Stigma toward Entertainment Workers Fuels the HIV Epidemic



Facilitator's Notes:

This exercise helps participants understand how stigma toward entertainment workers (EWs) or their fear of being stigmatized fuels the HIV epidemic.



Objectives:

Participants will be able to see how stigma or the fear of being stigmatized stops EWs from getting health services, communicating with their sweethearts about sexual health issues, and practicing safe sex. This increases risk for contracting HIV and thus the possibility of passing HIV on to their clients and/or sweethearts.



Target Group:

Health care providers, NGO and CBO staff, the police, and the community



Time:


1 hour



Steps:

1. **Story:** Read the following story –

Ary came from a poor family, but her parents always emphasized the importance of living a moral life. They told her she had to stay away from sex and remain a virgin until she was married, and they watched her closely as a teenager. When Ary turned 16, she left school and went to the nearby town looking for work. A cousin helped her get a job in a karaoke bar, and she kept this news from her parents for a long time. She told them she was working as a secretary and sent money home regularly to her parents, so they were proud of her.



She learned to cope with her job as an entertainment worker and discovered how to please men, but she protected her health carefully and insisted on condoms with all clients, even those who offered to pay her more to have sex without condoms.

In her second year at the karaoke bar, she met a man from her own village who was working in the same town. They became sweethearts and she moved in with him. When she had sex with him, they didn't use condoms.

Three months after moving in with him, she started to get a burning sensation in her vagina. So she started to get worried. How did this happen? Was he having sex with other girls?

When she went home, she tried to talk to him about her STI, but before she could even mention her problem, he began to shout at her, saying that she was sleeping with everyone and would bring HIV into their relationship. She was shocked, but she remained silent. Now she had no idea how she would tell him about the STI.

She went to the clinic to take an STI and HIV test, but the counsellor made her feel very uncomfortable. He asked lots of questions about her sex life and even asked if he could come visit her at the karaoke bar. These questions upset Ary. She left the clinic, without getting tested or treated for HIV or other STIs, and she told herself she would never go back.

She started to worry about getting HIV and how this would affect their lives. She told her sweetheart that they should use condoms, but he got angry and said she didn't trust him. She was so worried about losing him that she kept quiet and agreed to have sex with him without a condom, in order to please him. She became very depressed and this affected her work at the bar. She no longer insisted on using condoms with the clients who offered her more money. She felt her life was falling apart, so why should she worry?

One month later, when she went for her monthly STI checkup, she also took an HIV test. She discovered she was positive. When she left the clinic, she felt totally hopeless. How would she tell him this disastrous news?

2. Plenary Discussion:

- ➔ What happened when Ary tried to talk to her boyfriend about her STI?
- ➔ Why did Ary not get tested and treated for the STI at the clinic?
- ➔ Why did Ary, at the end of the story, agree to have sex with her sweetheart and clients without condoms?
- ➔ How does stigma toward EWs result in the continuing spread of HIV?

3. Summary:

Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ Fear of stigma stops EWs from:
 - Using clinics, getting tested for HIV or STIs, and getting condoms from clinics
 - Protecting their own health and the health of their sexual partners by insisting on condom use with sexual partners, including sweethearts.
- ➔ If EWs are HIV-positive, fear of being stigmatized stops them from disclosing their HIV status to their sweethearts and getting counselling, care and support. Because of HIV stigma EWs, as well as other people living with HIV, are afraid to tell others about their situation.
- ➔ It is the fear of being stigmatized that may stop EWs from taking appropriate action to protect their health, and thereby the health of their partners. It is this fear that stops EWs from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that EWs may contract HIV and potentially pass HIV along to their sexual partners, including sweethearts.
- ➔ Fear of stigma keeps HIV underground! EWs trade off their own lives and their clients' or sweethearts' lives in order to remain invisible and avoid being stigmatized.
- ➔ If, on the other hand, EWs are treated with kindness, support, and care, they will be more likely to access health services and take precautions in their sexual relationships.

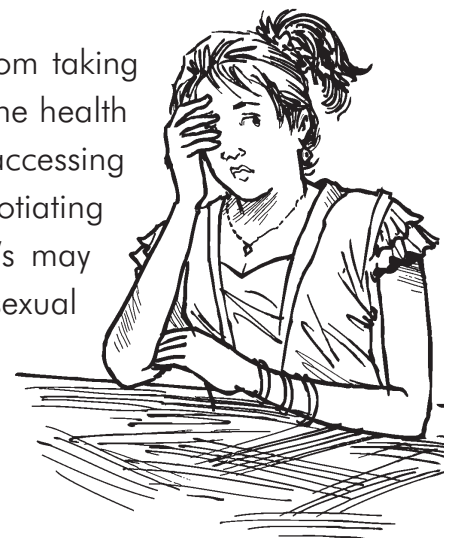
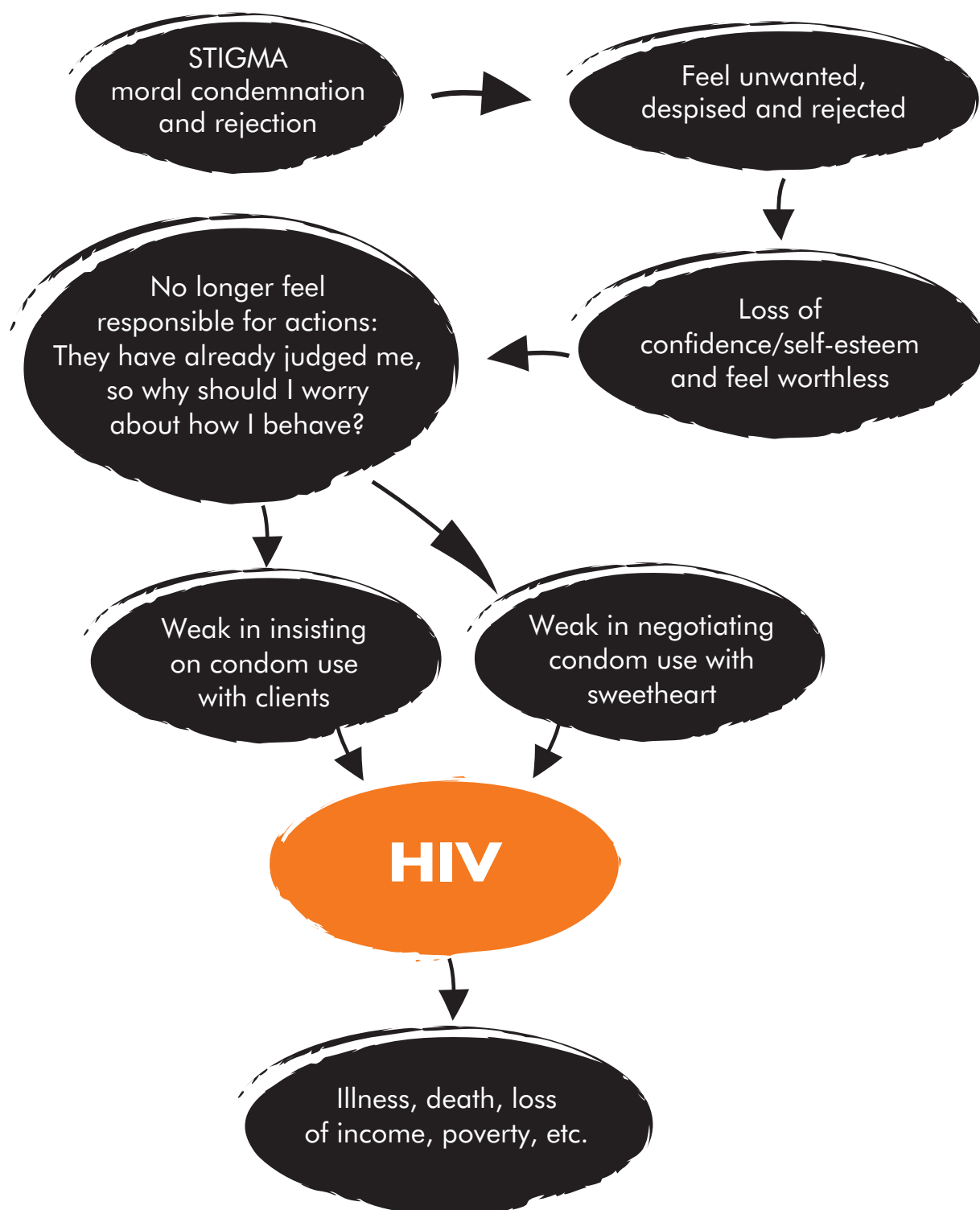


Diagram showing how stigma toward entertainment workers results in HIV transmission



A12.

Stigma and Discrimination toward Entertainment Workers in the Health Facility



Facilitator's Notes:

This exercise is designed for health care providers. This exercise looks at the experience of entertainment workers (EWs) in using health facilities: How EWs are treated, the specific forms of stigma they face, how it makes them feel, and the effect of the stigma on their health seeking behavior.

The exercise uses a story to help health workers identify the forms of stigma mentioned in the story and then identify real forms of stigma in their own health facilities.

Do this exercise after a general exercise to introduce the idea of stigma to health workers (e.g., A1, A2, A3, A4, A5, or A6). This will help to prepare health workers to name stigma in their own health care setting. The aim is to help health care workers make a frank and open assessment about stigma in their own health facilities.



Objectives:

By the end of this session participants will have:

- ➡ Identified forms of stigma that discourage EWs from using clinics
- ➡ Started to think about how to improve things in the clinic



Target Group:

Health Workers



Time:

1 hour



Materials:

Case study



Steps:

1. **Case Study:** Divide into groups of no more than six people, and give all groups the case study given below. Ask them to read the case study in their individual groups and discuss the following questions:
 - ➔ What happened in the case study? Does this situation sound real?
 - ➔ What other forms of stigma toward EWs have you observed in health facilities?
 - ➔ What are the effects of this stigma?
 - ➔ Why is stigma happening in the health facility?
 - ➔ What can we do to reduce the stigma faced by EW patients?

Case Study

One day I started to get painful sores and a burning sensation in my vagina. Even though I was worried about how I would be treated by the clinic staff, I still went to the clinic to seek out testing and treatment, if needed.

When I arrived at the clinic I waited a long time. The nurse kept calling patients who had arrived after me. Eventually I challenged her and said, "I arrived before her. Why can't you treat me now?" She laughed and said, "Who are you to tell me what I should do? You'll just have to wait. We know you golden peacocks! You wait all night for men, so why can't you wait a few more minutes." She said this in the presence of all the other patients, and I felt humiliated. She then left and had a long talk with three other nurses, and I could see them looking in my direction.

Eventually I was called in to see the doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was an EW. The doctor gave me a funny look and said, "What is your problem?" I explained that I had sores and a burning sensation in my vagina. He said, "You deserve to get this, because of your disgusting behavior. You are just virus collectors!" Then he told me to take off my dress. I did so, and he looked at my sexual parts from a long distance away, and said, "You smell very bad. Why can't you take better care of your body?"

He then began to ask me a lot of questions about my sex life: "How often do you have sex? What kind of sex do you enjoy the most? Do you have a sweetheart?" I told him I just wanted to be tested and treated, not to be asked about my sex life. He responded that the clinic only did testing for normal women, not entertainment workers!

As soon as he left, I put my dress on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem to get help from the doctor, but I didn't receive any treatment. All I got was bad words and blame!



Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma and Barriers in the Clinic

- EW patient is kept waiting a long time. Other patients are served first.
- Bureaucratic and unfriendly treatment and insulting language: “whore” “virus collectors”.
- Clinic staff gossip about the EW patient and show their disapproval; body language.
- Break confidentiality. One nurse tells the other nurses and other patients about the EW.
- Blaming and shaming: “You deserve to get this, because of your disgusting behavior.”
- Poorly done, rushed examination. Doctor inspects EW’s sexual body parts from distance.
- Invasive questioning, e.g., “How often do you have sex? What kind of sex do you enjoy the most? Do you have a sweetheart?”
- Doctor is more concerned about the EW patient’s sex life than about dealing with the illness.
- No information is provided to the EW on safe sex.

Effects

- EW leaves the clinic feeling insulted, humiliated, and angry, and having no solution to her problem, i.e., medicine to treat the problem.
- EW patients stop using the clinic and do not get their STIs treated.
- EWs resort to other forms of treatment, e.g., private doctors who treat them with more confidentiality and less stigma, or self-treatment.

Examples of Responses:

- It may affect their self-esteem/self-confidence and they may deny their sexual risk and take more risks in their sexual behavior (e.g., not using condoms).


Solutions

- Educate health care providers on EW issues and how to deal with EW patients.
- Change the attitudes of health care workers who are stigmatizing; help them to become more caring and less judgmental.
- Strengthen the code of practice of health workers so that they treat all patients equally.
- Train staff on how to counsel EW patients, i.e., nonjudgmental, neutral, or supportive language and appropriate body language.
- Provide information on safe sex for EW.

2. **Discuss:** “Why is judging or stigmatizing EW patients wrong?”

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points if participants have not already mentioned them:

- ➡ Because of your religion or upbringing, you may believe that EWs having sex with many men is wrong, but it is not okay to stigmatize EWs, to treat them as evil.
- ➡ Stigmatizing EWs fuels the HIV epidemic. It makes EWs hide their situation and take less care about their sexual health, making them more vulnerable to getting HIV.

- 
- ➔ Stigmatizing EWs defeats your own mandate as a health care worker. If you stigmatize EWs, they will stop using the clinic and their health will be negatively affected. If so, you are failing in your role as a health worker.
 - ➔ The Health Provider's code of conduct requires us to treat all patients without exception. The code of conduct does not say we should refuse to treat EWs.
 - ➔ We are not saying that the moral values are wrong. We are saying that health workers' judging of EWs is wrong. Condemning EWs as "bad people" who don't deserve our support and health care is a form of stigma that must be stopped.
 - ➔ Stigmatizing EWs results in their feeling cut off from family, community, and health services. This lowers their self-esteem and undermines their ability to take positive action to manage their health. As a result, EWs may take less care about their use of condoms and put themselves at increased risk of getting HIV. Once they get HIV, EWs are doubly stigmatized (for being EWs and a person living with HIV), and this affects their ability to care for their own health and others' health. EWs may hide their status from their sweethearts and continue having unprotected sex, and this allows HIV to continue to spread.
 - ➔ If we are to fight HIV, we have to stop calling EWs "bad people." EWs are not bad people. In many parts of the world entertainment workers are accepted as part of the community. This removes the moral condemnation. EWs are simply regarded as having a job that may involve sex work, not as having failed morally.
 - ➔ Stigmatizing EWs does not help us to fight HIV. Instead of stigmatizing EWs, we need to show care and compassion so that EWs can lead healthy lives and act in their own and other people's interest.
 - ➔ If we can stop blaming and shaming, and instead accept EWs, we can make a difference.

A12.

Stigma and Discrimination toward Entertainment Workers in the Health Facility

- ➔ Some parents are angry with their daughters for becoming EWs, but they don't give up on them. "My daughter is an EW, but I need to accept her. I need to put my anger and attitudes aside and offer her help. I need to help her survive and live a full life." This father buried his anger and opened his heart. He stopped saying, "My daughter is bad," and focused on providing support. The most painful thing for an EW is when the family gives up on her and stops loving her. EWs who have self-esteem and are able to cope with social stigma are those who have the love and support of their families.



An orange-toned line drawing of a family of four sitting at a table and eating. A woman is feeding a child with a spoon, while a man and another child are also eating. A bowl of food is on the table.

Chapter B

Sexuality

Introduction

This chapter introduces the topic of sexuality.

It is designed for health care workers, NGO and CBO staff, the police, and the community.

This chapter is designed to help participants understand entertainment workers (EWs), so that with more knowledge, they will be less stigmatizing.

To provide background reading, encourage participants to read the Information Sheets.



Exercises

- B1. Breaking the Sex Taboo
- B2. What do we know about Entertainment Workers?
- B3. Misconceptions about Entertainment Workers

Annex:

What do you know
about Entertainment Workers?
(True/False Questionnaire)

B1.

Breaking the Sex Taboo



Facilitator's Notes:

Sexuality is a taboo subject, and in particular with regard to talking about sex that is considered "immoral" or "abnormal" or to break traditionally sanctioned sexual practices. Our views about what is "appropriate" sex, lead to a lack of acceptance of people who do not conform to our own, or the majority of society's, views about what is proper sexual behavior, fueling stigma against EWs. Sex, our beliefs about sex, and how they lead to stigma against EWs is the major topic in this chapter, so we need to help participants talk openly about sex. These exercises help to achieve this objective.

Use these activities on the second or third day of the workshop when participants are comfortable with each other and feel free to talk together.



Objectives:

By the end of this session, participants will be able to:

- ➡ talk more openly about sex and their feelings about "proper" and "improper or immoral" sex
- ➡ recognize that our beliefs about what is "acceptable" or "proper" sex is one of the root causes of EW stigma



Target Group:

Health care workers, NGO and CBO staff, the police, and the community



Activities to talk about sex:

In this exercise we provide three different activities to get participants talking about sex:

- Activity A: First thoughts about sex
Activity B: Anonymous participatory sex survey
Activity C: Why do men and women have sex?

Choose one of these activities or do them all, if you have enough time.

Use the summary points that are given at the end of the exercise to help conclude each activity.

Activity A: First Thoughts about Sex

- ➔ Write the term “sexual intercourse” in the center of a blank flipchart sheet and ask, “What are your first thoughts when you hear the term ‘sexual intercourse’?”
- ➔ Record all responses on the flipchart.
- ➔ Then discuss three questions:
 - Why is it difficult to talk about sexual intercourse?
 - What are the social norms around sexual intercourse?
 - What does this tell us about stigma?

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

First thoughts when we hear the word “sexual intercourse”

Fun. Exciting. Pleasure. Pain. Exercise. Love. Shame. Sin. Dirty. Embarrassing. Aroused. Feelings. Having babies. Fear of HIV. Condoms. Man and woman. Man and man. Rape. Violence.

Why is it difficult to talk about sexual intercourse?

Sex is a secret. Sex is a taboo subject. Sex is shameful; the word is insulting. We are shy to talk about sex because we normally don't talk about it in public. Khmer cultural norms don't allow people to talk about sex in public. If we do, others will stigmatize or blame us.

Social norms around sexual intercourse

Sex is acceptable only if it is between man and woman.

Sex is only acceptable between people who are married and with the aim of producing babies.

Good women do not say they enjoy sex. If they did, they would be stigmatized (shamed).

Men/husbands decide when and how to have sex. Wife doesn't have a choice, she must have sex, if she says no, this will lead to violence. She does not initiate sex.

What does this tell us about stigma?

It is assumed that EWs do not follow what other people consider “acceptable sexual behavior,” so they are stigmatized.

Activity B: Anonymous Participatory Sex Survey

- ➔ At least two facilitators are needed to run this exercise, one facilitator at the front of the room to read the questions, the other facilitator at the back of the room to collect the answer slips and quickly record the results on a flipchart.
- ➔ Explain that the survey is anonymous; no one will know their answers.
- ➔ Hand out nine slips of paper to each participant.
- ➔ Ask each question and tell participants to record their answer on a slip of paper and fold it up. Collect the slips after each question and record the results on a flipchart. Do not present these results until all the questions have been asked.
- ➔ Present and discuss the results. Then ask, “How did you feel answering the questions? What did you learn from exercise?”

Examples of Questions and Results	Yes	No	Total
Can you talk openly about sex to close friends?	16	8	24
Do you enjoy sex?	20	4	24
Have you ever used drugs or alcohol to make you feel sexy?	12	12	24
Have you ever participated in oral sex?	14	10	24
Have you ever participated in anal sex?	6	18	24
Do you have a friend who is an EW?	12	12	24
Have you ever had an STI?	12	12	24
Have you ever taken an HIV test?	18	6	24
Did you use a condom the last time you had sex?	20	4	24
Have you ever paid for sex?	8	16	24

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

What did you learn from the exercise?

The survey helped us reveal our own sexual experience without embarrassment. It was easier because it was anonymous. People were laughing, so it loosened people up.

Most men can talk easily about sex, but most women feel uncomfortable talking about sex.

Activity C: Why do Men and Women have Sex?

- ➔ Put up two flipcharts on the wall titled a) Why men have sex, b) Why women have sex.
- ➔ Divide into two groups; men in one group, women in the other. Ask groups to write on their flipchart their reasons for having sex.
- ➔ Once the groups have finished, ask one person from each group to read the points.
- ➔ Then compare and discuss the answers on the flipcharts:
 - What are the similarities? What are the differences?
 - What did we learn from this exercise?



Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Why men have sex

Fun/pleasure. Have orgasm. It's human nature. Have children. Prove he is a man. Love. Exercise. Make partner happy. Explore woman's body. Relieve stress. Relieve boredom.

Why women have sex

Pleasure. Have orgasm. Human nature. Have children. Love. Find and keep partner. Relieve stress. Keep relationship. For sake of family. Give comfort to partner. Make money. Forced to have sex.

Similarities: Fun/pleasure. Have orgasm. Human nature. Love. Relieve stress.

Differences: Women: Give comfort to partner. Find partner. Make money. Forced to have sex.

What did we learn from this exercise?

There are differences, but there are many common reasons for having sex.

Women often have sex to get something (e.g., money, partner), men to show they have power.

Poverty and economic hardship force entertainment workers to sell sex.

Many sex workers don't want to do sex work, but they do it out of poverty or because they are forced.

B1.

Breaking the Sex Taboo

- ➔ Then put up two more flipcharts: a) Why do men pay for sex? and b) Why do women have sex for money? Ask men to respond to the first and women to the second.

Summary: Bring each of the above sessions (A, B, or C) to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ Discussing sex is a taboo. We have been socialized not to talk about sex, especially in our families, between generations, or even between married couples.
- ➔ HIV is all about sex, so if we are to control this epidemic, we have to become better at talking about sex and learning to talk about sex in a nonjudgmental way.
- ➔ Our views about the sexual practices of marginalized groups such as EWs are a major factor in stigma. We judge or stigmatize others because of their sexuality.
- ➔ EWs are accused of having sex to make money and to find/keep a partner.
- ➔ EWs are stigmatized for having “immoral sex,” for breaking the moral code.



B2.

What do we know about Entertainment Workers?



Facilitator's Notes:

This exercise will assess participants' knowledge about entertainment workers (EWs) and gaps in their understanding. This will help to establish a baseline level of knowledge to build on and identify misconceptions or irrational fears that may underpin the stigma toward EWs.

You could use the Quiz (method B) as a form of homework. Hand out the quiz at the end of the day and ask participants to complete it at home. Then discuss the answers the following day.

If possible, arrange for EWs to attend this session as resource persons so they can help to explain some of these issues. But take care to ensure that EWs do not feel that they are being interrogated or personally attacked in the process of answering the group's queries.



Objectives:

By the end of this session, participants will be able to identify what they know and don't know about EWs



Target Group:

Health care workers, NGO and CBO staff, the police, and the community



Time:

1 hour

Two methods to assess knowledge

In this exercise we provide two activities to assess participants' knowledge about EWs:

Activity A: Card-storming: Everything you wanted to know about EWs

Activity B: True/False Quiz: What do you know about EWs?

Choose one of these exercises only. Use the Information Sheets (found at the end of the toolkit in the annex) and the answers to the true/false quiz (found at the back of this chapter) as a resource for answering questions or clearing up areas of confusion.

A. Card – Storming: Everything you wanted to know about EWs.

Divide into pairs. Hand out blank cards to each pair. Ask pairs to write on each card things they want to know about EWs and tape the cards on the wall. Eliminate repetition. Then discuss each question. Help to sort out fact from misinformation.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Examples of questions from a workshop on EW issues:

Why and how do they become EWs? What are the rates of pay for sex work?
 Are all EWs available for sex? Do entertainment establishment (EE) managers control whom EWs have sex with?
 Can EWs refuse sex with a client who is violent? Where do EWs learn to have sex?
 How does alcohol affect EWs' use of condoms? Do EWs want to have children?
 What are the relations between EWs and their families? Relations to sweethearts?
 What is the law against sex work and how is it prosecuted by the police?

B. True/False Quiz: What do you know about EWs?

Hand out the quiz given below and ask each participant to complete it, writing True or False beside each statement. (You could hand out the quiz at the end of the day and ask participants to complete it at home.) Then discuss each of the questions, using the answers at the end of this chapter as a guide. You can also give out the answers as a handout, as a quick way of helping people understand some of the issues.

1. EWs love money and are lazy to work. They could easily get other jobs.
2. Entertainment workers all do the same job and all are available for sex.
3. Entertainment work is the quickest way for poor women to make money.
4. HIV is the only serious problem entertainment workers face.
5. Some EWs use alcohol as a mechanism to cope with the hardship of the job.
6. Entertainment workers are sex maniacs; they love sex with anyone.
7. EWs show off and sell their bodies, so they deserve to be raped.
8. EWs hide their work in order to avoid being stigmatized by their families and the community.
9. EWs are promiscuous and their relations with men (sweethearts) never last.
10. Entertainment workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their sweethearts.
11. When entertainment workers come to the clinic, they receive the same treatment as anyone else.
12. Programs to reduce HIV among EWs should be done without involving EWs.
13. In Cambodia, sex work is illegal.
14. Laws that criminalize sex work stop sex workers from selling sex.
15. Sex workers are afraid to report to the police cases where they have been beaten or raped by their clients because their work is illegal, and they think that they have no rights.
16. Arresting and imprisoning sex workers is the best method to stop sex work.

Summary: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➔ People know little about EWs, so out of ignorance they judge them unfairly or isolate/reject them out of fear.
- ➔ When we know little about others, we end up accepting stereotypes about them, e.g., that EWs are sex crazy and money crazy. We believe these things are true, but they are false.
- ➔ If we know more about EWs, we will begin to overcome some of our doubts and prejudices and be less condemning toward them.
- ➔ EWs are not harming anyone, so we should leave them alone and let EWs get on with their lives without being condemned and made fun of.
- ➔ Many EWs become EWs out of poverty or through force.

B3.

Misconceptions about Entertainment Workers



Facilitator's Notes:

In this exercise, participants generate a list of misconceptions about entertainment workers (EWs) and then work in pairs to challenge each myth.

This exercise also includes a handout, located at the end of the exercise, to help you respond to participants' group work on the misconceptions. It can also be given out to participants at the end of the session.



Objectives:

By the end of this session, participants will be able to name and challenge misconceptions about entertainment workers



Target Group:

Health workers, the police, NGO and CBO staff, and the community



Time:

1 hour



Preparation:

Tape up 20 blank sheets of A4 paper on the wall



Steps:

1. **Misconceptions (Brainstorming):** Ask participants to brainstorm things that people in their community have been saying about EWs. As each response is given by participants, one facilitator records each statement on a flipchart sheet.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- All entertainment workers are sex workers.
- Entertainment workers are sex maniacs. They love to have sex with anyone.
- Entertainment workers love money and are lazy to work. They could easily get other jobs.
- Entertainment workers steal husbands.
- Entertainment workers show off their bodies. They deserve to get raped.
- Entertainment workers are promiscuous. Their relations with men (sweethearts) don't last.
- Entertainment workers have no rights. Once the client pays, he has the right to do what he wants to the entertainment worker.

2. **Divide into Pairs** and ask each pair to select one of the statements from the wall.

Ask each pair to discuss:

- ➡ Is the statement true or false?
- ➡ Does the statement lead to stigma toward EWs?
- ➡ If so, how does it lead to stigma toward EWs?



3. **Report Back:** Ask each group to report back to the larger group what they discussed about the statement. Did they decide it is true or false? How does the statement lead to stigma towards EWs?
 4. Then in a large group ask, "How can we challenge these misconceptions?"
 5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
- ➡ All of the above misconceptions are stereotypes; negative things we say and believe about EWs based on "half knowledge" and prejudice. In using negative stereotypes, we describe and name another person or other groups according to a set of characteristics we believe are "bad," labelling them as different from us in a negative way. Often we believe these misconceptions are facts about other people, when in fact they are false. This belief leads to prejudice, which can result in stigma and discrimination. As this exercise has shown, there are many misconceptions and negative stereotypes about EWs that lead to stigma and discrimination. Being a minority, EWs are particularly vulnerable to being stereotyped.
 - ➡ The truth is that entertainment workers:
 - Are doing sex work often as a form of survival, to escape from poverty.
 - Are not "sex maniacs." They do not enjoy sex with clients; it is often very painful and results in medical problems.
 - Can lead normal, settled, moderate lives like anyone else and are equally capable of deep, long-term, loving relationships.
 - Do not "ask to be raped." Men have to take more responsibility. The way EWs dress and the work that EWs do, gives no one the right to rape them.

- Have to survive in a very hostile and violent environment. They are vulnerable to being raped, robbed, and beaten, and arrested by the police.
 - Feel they lack rights. Some EWs feel they have limited power to demand fair treatment, i.e., safe sex with a fair payment and no violence.
- ➡ We need to understand and respect entertainment workers as human beings. EWs are as fully human as anyone else and entitled to be treated in the same way.

Handout of misconceptions concerning entertainment workers

Misconception	Fact
All entertainment workers are sex workers.	False. While many EWs sell sex as an extension of their job as a waitress or karaoke girl, not all EWs sell sex.
EWs are sex maniacs. They love to have sex with anyone.	False. Most EWs who are sex workers do not get pleasure out of the sex with clients; it is just a way of making money. When they are with a client, they want him to do it quickly and leave. In fact having sex with a stranger can be very painful due to the lack of sexual arousal, which is needed for vaginal lubrication.
EWs love money and are lazy to work. They could easily get other jobs.	False. Many EWs have taken up this work because they are poor, have difficulty finding other work, and have limited education/skills. Like everyone else, EWs like money; they need money to live. Many are not happy with sex work, would like to get out, but feel they have no alternative.
Entertainment workers steal husbands.	False. EWs have no intention of stealing people's husbands. It is men who decide to go to EWs. Men should take some responsibility for going to EWs.

Misconception	Fact
EWs show off their bodies. They deserve to get raped.	False. While EWs, if they are also sex workers, may show off their bodies to attract men to hire their services, this is no justification for rape. EWs are not “asking to be raped”. Men are responsible for their own behavior. The way someone dresses does not give anyone the right to rape them. This is simply men’s justification to exploit EWs for their own benefit.
EWs are promiscuous and their relations with men never last.	False. While it is true that EWs may have sex with many men. This is the nature of sex work. Most do have lasting relationships with their regular partners (sweethearts) or husbands.
EWs have no rights. Once the client pays, he has the right to do what he wants.	False. EWs have rights, like other people. The payment by a client does not give him the license to abuse the EW. She is deserving of respect and fair treatment like anybody else.



Annex

What do you know about Entertainment Workers? (True/False Questionnaire)

Entertainment Workers – General

1. Entertainment workers love money and are lazy to work. They could easily get other jobs.
2. Entertainment workers all do the same job and all are available for sex.
3. Entertainment work is the quickest way for poor women to make money.
4. HIV is the only serious problem entertainment workers face.
5. Some EWs use alcohol as a mechanism to cope with the hardship of the job.
6. Entertainment workers are sex maniacs; they love sex with anyone.
7. EWs show off and sell their bodies so they deserve to be raped.
8. EWs hide their work in order to avoid being stigmatized by families and the community.
9. EWs are promiscuous and their relationships with men (sweethearts) never last.

Sex Work and HIV

10. Entertainment workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their sweethearts.
11. When entertainment workers come to the clinic, they receive the same treatment as everyone else.
12. Programs to reduce HIV among EWs should be done without involving EWs.

Sex Work and the Law

13. In Cambodia, sex work is illegal.
14. Laws that criminalize sex work stop sex workers from selling sex.
15. Sex workers are afraid to report to the police cases where they have been beaten or raped by their clients because their work is illegal and they think that they have no rights.
16. Arresting and imprisoning sex workers is the best method to stop sex work.

Answers

Entertainment Work - General

1. EWs love money and are lazy to work. They could easily get other jobs.

FALSE. The majority of EWs have taken up this work because they are poor, have difficulty finding other work, have little education, are the sole breadwinner and/or have children to support. Often EWs have taken up this work because they are providing financial support for several family members. They like money for the same reasons as anyone else: They need money to live. Many EWs are not happy with entertainment work, would like to get out, but feel they have no alternative.

2. EWs all do the same job and all are available for sex.

FALSE. EWs have a variety of jobs. Some are waitresses in bars, restaurants, beer gardens, and other establishments. Not all entertainment workers are sex workers. Some entertainment workers do survival or transactional sex, often at the direction of the establishment owners, or through their own negotiation.

3. Entertainment work is the quickest way for poor women to make money.

TRUE. Entertainment workers can make money quickly through this work. Earnings from sex work especially helps women to pay the rent or build a house, put food on the table, send their children to school, support other family members, and buy new clothes. Many entertainment workers want to remain in this work because of the financial benefits. They can make considerably more money as an EW than in unskilled labor, e.g., as a day laborer. Many EWs would leave this work if they could find other work with similar financial remuneration.

What do you know about Entertainment Workers? (True/False Questionnaire)

4. HIV is the only serious problem entertainment workers face.

FALSE. Entertainment workers have many problems, and their job is very dangerous. Clients exploit and abuse them because they think they can do anything to them, once they have paid them. They regard EWs as women without rights. As a result, some clients refuse to pay them the agreed amount, beat them, and rape them, in some cases involving gang rape. They are also abused by entertainment establishment owners or managers and by the police. They also face harassment and violence at the hands of their sweethearts.

5. Some EWs use alcohol as a mechanism to cope with the job's hardship.

TRUE. Many EWs drink because they are forced to drink as part of the job or to make them more relaxed for the work, and to forget their troubles with this job or family hardships. In some cases this becomes an addiction.

6. EWs are sex maniacs; they love to have sex with anyone.

FALSE. Most EWs who are sex workers do not get pleasure out of the sex with clients; it is just a way of making money. When they are with a client, they want him to do it quickly and leave. In fact having sex with a stranger can be very painful due to the lack of sexual arousal, which is needed for vaginal lubrication. Sex work often results in medical problems such as acute and chronic pelvic pain, pathological vaginal discharge, genital ulcers, skin disease, pain during urination, bladder and kidney infections, and STIs.

7. EWs show off and sell their bodies, so they deserve to be raped.

FALSE. While EWs, if they are also sex workers, do show off their bodies to attract men to hire their services, this is no justification for rape. EWs are not "asking to be raped." The way someone dresses does not give anyone the right to rape them. The payment by a client does not give him the license to exploit or abuse the EW. She is deserving of respect and fair treatment like anyone else.

8. EWs hide their work to avoid being stigmatized by their families and the community.

TRUE. EWs often do everything possible to ensure that while they are working, family members or family friends do not find out what they are doing. While family members may know that they are supported by money from entertainment work, it is still heavily stigmatized by the family and the community. Sometimes the community stigmatizes the entire family if one member is known to be an EW. The stigma associated with this work is so painful that it forces the women to carry the burden of their secret life alone and usually away from home.

9. EWs are promiscuous and their relationships with men (sweethearts) never last.

FALSE. While EWs may have sex with many men. This is often the nature of entertainment work. But most do have lasting relationships with their regular partners (sweethearts) or husbands.

Sex Work and HIV

10. Entertainment workers who also sell sex are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their own partners.

TRUE. EWs who also sell sex are relatively powerless and often don't feel they have the strength to insist that their clients use condoms. Some clients offer to pay more for sex without a condom. Because EWs are often poor and supporting many family members, they feel inclined to accept, even though they know this puts them at risk.

What do you know about Entertainment Workers? (True/False Questionnaire)

11. When EWs come to the clinic, they receive the same treatment as everyone else.

FALSE. EWs are sometimes stigmatized by health workers, including doctors and nurses, because of their entertainment work. EWs often wait longer, even when they arrive at the clinic early, and they may receive incomplete diagnosis or inadequate counselling for their health problems.

12. Programs to reduce HIV among EWs should be done without involving EWs.

FALSE. There is a need to involve EWs in planning and implementing HIV prevention programs. EWs have much more knowledge of the sex work culture and what is involved in changing peer norms; and they have the contacts with a largely hidden and marginalized sex worker population. Getting them actively involved is crucial to the process of stopping HIV transmission.

Sex Work and the Law

13. In Cambodia sex work is illegal.

TRUE. The penal code does prohibit one from selling sex. Sex workers can be arrested for charging for sex. Many women who sell sex are often entertainment workers. However, not all entertainment workers are sex workers.

14. Laws that criminalize sex work stop sex workers from selling sex.

FALSE. Rather than stopping sex workers from selling sex, this law makes sex workers and establishment owners go underground, hiding their activity from the police. In going underground, sex workers are less careful about their sexual practices. Because they feel under threat, they are less willing to negotiate safe sex with clients, making them and their clients more vulnerable to HIV. Abolishing this law would not increase the number of sex workers; it would remove a barrier to the national strategy of ensuring no new infections.

15. Sex workers are afraid to report to the police cases where they have been beaten or raped by clients because their work is illegal.

TRUE. Most sex workers do not report to the police cases of rape, physical violence, or theft by their clients, because of this fear of being arrested. In some cases sex workers are harassed by the police who demand that sex workers give them free sex or money.

16. Arresting and imprisoning sex workers are the best methods to stop sex work.

FALSE. International experience of dealing with sex work has shown that severe punishment does not change behavior. The minute the women are released from prison, they go straight back to sex work.



Chapter C

Entertainment Workers and HIV

Introduction

This chapter looks at HIV and STI issues in relation to entertainment workers (EWs) and how stigma stops EWs from protecting themselves from HIV and STIs.

It is designed for health providers, the police, NGO and CBO staff, and the community.

This chapter includes three exercises:

- ➔ Establishing a baseline of what participants know already about HIV, STIs, and EWs.
- ➔ Reviewing the basics on HIV transmission as it applies to EWs.
- ➔ Looking at the social factors, including stigma, which block EWs from getting the right information about HIV and access to HIV prevention services.



Exercises

- C1. Assessing Knowledge about HIV and STIs
- C2. HIV Transmission and Entertainment Workers
- C3. HIV Risk Factors Related to Entertainment Workers

C1.

Assessing Knowledge about HIV and STIs



Facilitator's Notes:

The aim of these exercises is to assess participants' knowledge levels and gaps in their understanding in relation to HIV and other sexually transmitted infections (STIs).



Objectives:

By the end of this session, participants will be able to identify what they know and what they don't know about HIV and STIs.



Target Group:

Health providers, police, NGO and CBO staff, and the community



Time:

1 hour



Activities to Assess Knowledge

In this exercise we are providing three different activities to assess participants' knowledge about HIV and STIs related to entertainment workers (EWs):

Activity A: Brainstorming what we already know about HIV, AIDS, STIs, and EWs

Activity B: Questions we want answers to about HIV, AIDS, STIs, and EWs

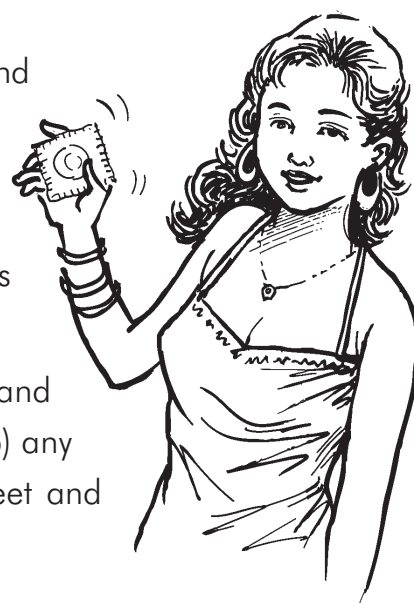
Activity C: Misconceptions about HIV, AIDS, STIs, and EWs Choose Activity A or B or C, or do them all, if you have enough time.

Use the QQR Information Sheet (found in the Annex at the end of this toolkit) as a resource for answering questions or areas of confusion.

A. Brainstorming what we already know about HIV, AIDS, STIs, & EWs

Put up flipchart paper along the walls of the room and write a topic at the top of each sheet: a) What is HIV? What is AIDS? b) How can EWs get HIV and STIs? c) How is HIV transmitted? d) What are the different types of STIs and their symptoms? e) How can EWs protect themselves from getting HIV?

Ask participants form pairs and to walk around and write down: a) what they know about the topic and b) any questions, concerns, or fears. Then review each sheet and respond to questions, concerns, or misinformation.



B. Questions we want answers to about HIV, AIDS, STIs, and EWs

Divide participants into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card questions they have about HIV or AIDS or STI in relation to EWs, and tape the cards on the wall. Eliminate repetition. Then discuss each question, with participants contributing their ideas. Help to sort out fact from misinformation.

Examples of Responses

How can EWs get HIV? How does HIV get into the body? Which sexual activities are more risky: vaginal sex or oral sex? How do STIs increase one's risk of getting HIV? How can you tell that someone has HIV? How can EWs prevent HIV?

C. Misconceptions about HIV, STIs and EWs

Divide participants into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card things they have heard about HIV, STIs, and EWs but which they are unsure about. Discuss each statement and provide information to correct misinformation.

Examples of Responses

EWs won't get HIV if they have sex without condoms with a sweetheart/regular partner.

EWs won't get HIV if they have unsafe sex with a man who is handsome or healthy looking.

If one sexual partner is HIV-positive, the other must also be HIV-positive.

Washing yourself immediately after sex can prevent HIV transmission.



C2.

HIV Transmission and Entertainment Workers



Facilitator's Notes:

This exercise is designed to review and update participants' understanding of HIV transmission as it applies to entertainment workers (EWs).

It starts off with a technique called "body mapping." A woman lies down on top of flipchart sheets taped together and another woman draws around her. The resulting life size picture of a woman's body becomes a focus for discussion on sexual body parts, sexual activities, and HIV transmission. All of this extra information is recorded on cards and added to the body map.

The drawing provides a fun, non-threatening way to get people talking about sex. Participants have fun and at the same time have a serious discussion about sex and sexually related issues.



Objectives:

By the end of this session, participants will be able to identify the risks of getting HIV through different forms of EW-related sex



Target Group:

Health providers, police, NGO and CBO staff, and the community



Time:

1 hour



Preparation:

Body Map. Ask a few participants to prepare a body map before session:

- ➔ Tape four sheets of flipchart paper together to form a large sheet.
- ➔ Put it on the floor and ask one female volunteer to lie down on it.
- ➔ Other participants draw around the volunteer, making a body shape.
- ➔ Then ask participants to write on the sheet a woman's sexual body parts e.g. vagina, clitoris, breasts, nipples, anus, mouth, neck, etc.
- ➔ Then add EWs' sexual activities, e.g., vaginal sex, oral sex, anal sex, masturbation, massage, etc. Have each activity written on a card and taped on the diagram.



Steps:

1. **Review of Body Map:** Ask the participants who prepared the body map to present it, both sexual body parts and sexual activities. Invite questions to clarify.
2. **Risk Continuum:** Then put up three topic cards along the wall: high risk, low risk, and no risk. Ask participants to place the EW sexual activity cards (from the body map) underneath the appropriate category. Involve all participants in this activity.

Examples of Responses:

Risk Level	Ways in which HIV may be Transmitted
High Risk	Vaginal sex. Receptive anal intercourse.
Low Risk	Oral sex (receptive).
No Risk	Masturbation. Kissing.

- Take each of the high-risk activities and ask, "Why is this form of sex a high risk activity?" Take a few of the low-risk activities and ask, "Why is this form of sex a low risk activity?"

Take a few of the 'no-risk' activities and ask, "Why is this form of sex a 'no risk' activity?"

- Record responses on a flipchart.

Examples of Responses

The information provided below is technically correct information about HIV transmission within an EW context. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

- Vaginal intercourse:** High risk. The vagina is lined with a mucus membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man's penis can get into the woman's body and bloodstream.
- Receptive anal intercourse:** Highest risk. The rectum is lined with a mucus membrane, a very sensitive part of the body that tears very easily, especially

Examples of Responses

if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis can get easily into the woman's body and bloodstream.

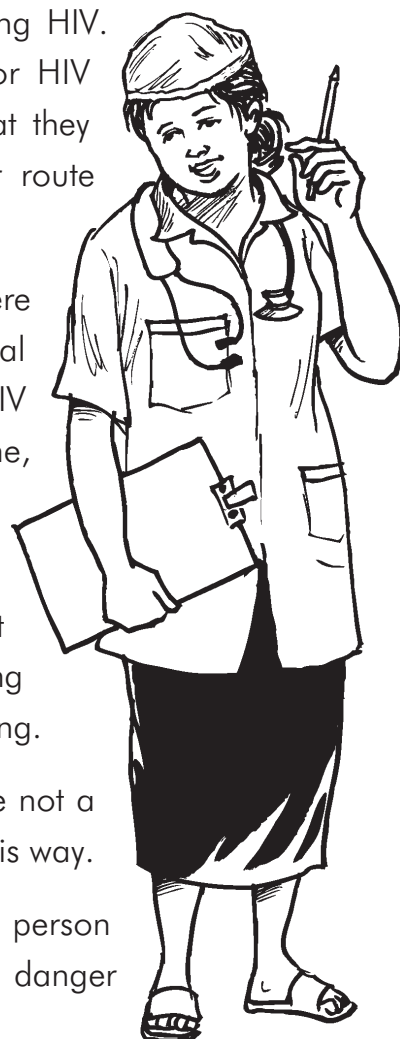
- **Oral sex (receptive):** Low risk. However, providing oral sex is more risky than receiving oral sex. The woman sucking is more at risk than the man. Why? Sperm gets into the woman's mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.
- **Masturbation:** No risk. When the EW is masturbating the client or her sweetheart, her hands may come into contact with sperm, but the sperm remains outside the body, where it is exposed to air and dies. There is no risk if there are no cuts or broken skin on the hands.
- **Kissing:** No risk. As long as there are no cuts or sores in the mouth, kissing is completely safe. The saliva of the infected person may get into the mouth, but saliva has very low quantities of HIV.

5. Hand out copies of the QQR Information Sheet (at end of this exercise) and discuss. Then have participants talk in pairs about what information in the Information Sheet would help them challenge incorrect beliefs about HIV transmission.
6. **Presentation:** As a summary, present the following basic messages about HIV transmission.

Basic Messages on HIV Transmission:

- ➔ HIV is a fragile organism and does not survive long outside the body. It can only survive for a few seconds once it is outside the body. Exposure to air or water kills HIV.
- ➔ HIV does not spread easily from person to person through everyday contact.
 - HIV is not transmitted through the air like TB. It is not transmitted through sneezing or coughing.
 - HIV is not transmitted through skin contact like a skin disease.
 - HIV is not transmitted through food or plates, cups, sheets, etc., or through surfaces such as toilet seats.
- ➔ HIV is only transmitted through infected blood, sexual fluid, or mother's milk getting into your body.
- ➔ You can only get HIV through:
 - Having unprotected anal or vaginal sex (no condom) with an HIV-infected person
 - Sharing needles or syringes with an injection drug user who is HIV-positive.
 - HIV-positive mothers passing HIV to their babies before or during birth (through blood) or after birth through breast milk.
- ➔ HIV has to get inside your body in order for you to become infected by HIV. When we have vaginal sex, sexual fluid can get into the body through small cuts on the vagina. When we have oral sex, sperm and blood from the man's penis can get into cuts in the gums of the woman. When we inject drugs, the infected blood can go directly into the bloodstream.

- ➔ Providing oral sex is more risky than receiving oral sex. The woman sucking is more at risk than the man whose penis is sucked. Why? Sperm gets into the woman's mouth and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts in the gums.
- ➔ Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhea and herpes.
- ➔ Untreated STIs greatly increase one's risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI, and the STI sore provides another route for HIV to get into the body.
- ➔ Different fluids have different quantities of HIV. There are high amounts of HIV in blood, semen, vaginal fluids, and breast milk so it is easy to transmit HIV through these fluids. There is very little HIV in urine, feces, and saliva, so you cannot get HIV through these fluids. There is no HIV in sweat or tears.
- ➔ HIV cannot be spread through close casual contact with a person living with HIV, such as touching, being in the same room, or sharing food, plates, or clothing.
- ➔ These practices of limiting contact with a PLHIV are not a form of protection, since HIV is not transmitted in this way.
- ➔ These practices are stigmatizing. They make the person feel unwanted, unloved, despised, and rejected, a danger or threat to others.



Handout for Exercise C2

QQR – Tool for Understanding HIV Transmission

For HIV transmission to take place, the quality of the virus must be strong, a large quantity must be present, and there must be a route of transmission into the bloodstream. All of these things must be present for someone to get infected with HIV.

Quality: For transmission to take place, the quality of the virus must be strong.

- HIV cannot survive outside the human body. It starts to die the moment it is exposed to the air.
- HIV is not an airborne virus. This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- HIV does not live on the surface of the skin; it lives inside the body. There is no risk from shaking hands or hugging someone. The only place the virus can survive outside the body is in a vacuum (like a syringe) where it is not exposed to air.
- HIV will die if it is exposed to heat (e.g., if someone bleeds into a cooking pot).

Quantity: For transmission to take place, there must be enough quantity of the virus to pose any risk.

- HIV is found in large quantities in blood, semen, vaginal fluids, and breast milk.
- HIV is not found in sweat or tears.
- HIV can be found in very tiny amounts in urine, feces, and saliva, but the quantity of HIV is not enough to pose any risk of transmission.
- Cleaning or bathing a patient is quite safe, provided all wounds are covered.
- Kissing, even deep kissing, poses no risks.

Handout for Exercise C2

Route of transmission: For HIV transmission to take place, the virus must get inside your bloodstream.

- Our body is a closed system; HIV cannot pass through normal skin.
- HIV, however, can pass through the skin on the genitals – penis, vagina, or anus – during sex because the skin here is much thinner and has small openings where HIV can pass
- The vagina is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man's penis can get easily into the woman's body and bloodstream.
- Providing oral sex is more risky than receiving oral sex. The woman sucking is more at risk than the man whose penis is sucked. Why? Sperm gets into the woman's mouth and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts or bleeding in the gums.
- Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhoea and herpes.
- Untreated STIs greatly increase one's risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI, and the STI sore provides another route for HIV to get into the body.

Common sense and everyday hygiene mean that many concerns that people worry about would not really happen in everyday life. We would not put ourselves in these positions because of concerns about hygiene. For example, you wouldn't share a toothbrush if it were covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone's diarrhea.

Handout for Exercise C2

Using QQR, you can see why there is no risk of transmission by:

Kissing. Hugging. Sitting beside or sharing rooms with people living with HIV. Mosquito bites. Sharing cups, glasses, plates, bowls, and chopsticks. Sharing sheets, towels, or clothes. Giving blood. Sharing toilets. Using the same washing water. Sneezing or coughing.



C3.

HIV Transmission and Entertainment Workers



Facilitator's Notes:

Once participants understand the basic facts on HIV transmission, the next step is for them to look at the social factors, including stigma, that increase the risk of entertainment workers (EWs) getting HIV.



Objectives:

By the end of this session, participants will be able to describe the social factors that make it easier for EWs to get infected with HIV



Target Group:

Health providers, police, NGO and CBO staff, and the community



Time:

1 hour



Steps:

1. **Buzz Groups:** Divide into pairs and ask, "What social factors in the lives of EWs make them vulnerable to getting HIV?"
2. Organize a report back by the pairs and record on flipchart. (See examples below.)

Examples of Responses:

The information provided below is technically correct information about HIV transmission within an EW context. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

Social Factors

Stigma and discrimination. Results: Abandoned by families. Sexual violence/coercive sex.

Kicked out of home. Result: No place to live; forced to look for alternative accommodation

Fear of rejection by sweethearts. Result: No use of condoms; if used, implies lack of trust.

Stigma towards carrying condoms. Result: Fear of being shamed if one is seen carrying condoms.

Discrimination from medical staff. Result: Limited access to health services

Drug use or alcohol abuse. Result: Less care in using condoms

Sexual violence. Some EWs are sexually abused and in some cases gang raped.

Forced physically or by higher prices by clients to have sex without condoms

Some EWs are injecting drug users.

Double stigma: EWs who get HIV become doubly stigmatized.

3. Take each of the social factors and ask, “How does it put EWs at risk of getting HIV?”

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Factor

How it puts EWs at risk of getting HIV

Stigma and discrimination:

Stigma undermines EWs’ confidence and makes them feel depressed, so they stop caring about their lives and protecting their sexual health.

Climate of stigma makes EWs desperate to find sweethearts who will accept and love them (see “Fear of rejection” below).

No place to live:

Having been ejected from home, young EWs have to look for alternative accommodation, which makes them more vulnerable to sexual abuse.

Fear of rejection by sweetheart partners:

To avoid being rejected by a new sweetheart partner EWs often accept unprotected sex. If they insisted on condoms it would imply lack of trust.


Sexual violence:

EWs who are sexually abused (e.g., forced sex) are more vulnerable to getting HIV. Mucous membranes are cut/exposed to HIV infection.

Examples of Responses

Sex work:	EWs are often forced physically or by higher prices to accept sex without a condom.
Drugs and alcohol:	Through excessive use of drugs or alcohol, some EWs may lose their sense of control and take less care in practicing safe sex.
Lack of access to health facilities:	Because of anticipated stigma, EWs find it difficult to talk openly with health workers about their sexual activities. EWs can't get information or condoms from health workers, so they find it difficult to have safe sex.
Injecting drug use:	EWs who are injecting drug users may get HIV from their drug use and may pass it on to their sexual partners.
Double stigma:	If EWs become HIV-positive, they face double stigma, so they are under more pressure to hide and not disclose their status to partners or get tested. As a result they may infect their partners with HIV.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points, if participants have not already mentioned them.
- ➡ EWs have to hide and protect their identity to avoid stigma and discrimination. In order to hide their sexual identity, they may avoid using health services (where they could get STIs treated and information on how to prevent HIV), avoid buying condoms, and have limited control over their sexual activities so that it is difficult to practice safe sex.
 - ➡ Once they are exposed to stigma and discrimination, EWs feel isolated and rejected. As a result, they begin to lose hope, doubt themselves and lose confidence. This affects their ability to manage their sexual health. They find it difficult to access health services, and they take less care in negotiating the use of condoms. They avoid getting their STIs diagnosed and treated, and getting tested for HIV. They believe that unsafe sex represents a small risk compared to the fear of rejection by a sweetheart, so they avoid using condoms in order to keep their sweetheart happy.
 - ➡ In addition to stigma and discrimination, there are other factors putting EWs at risk of getting HIV, including sexual violence, drugs and alcohol, and injecting drug use (for some EWs).
 - ➡ There is a common assumption in Cambodia that all EWs have HIV. Many EWs believe this, so they give up on preventing HIV. They feel that they will get HIV whatever they do, so they say, why should we worry about trying to prevent HIV. It is important to help them understand that getting HIV is not automatic, that if they protect themselves from getting HIV through getting an HIV test, getting STIs treated, using condoms consistently.

- 
- ➔ A public health approach often assumes that everyone has an equal ability to prevent HIV, but this approach ignores the fact that people have different circumstances that affect their ability to prevent HIV. Many EWs have limited control over sexual decision making because of stigma and discrimination; yet the public health approach (e.g., ABC: Abstinence, Be faithful, use Condoms) assumes that everyone has an equal ability to prevent HIV. As a result, EWs are often blamed for being irresponsible for not practicing safe sex, when in fact their circumstances often make it difficult for them to practice safe sex.
 - ➔ A human rights-based approach focuses on the obstacles facing EWs to accessing their rights. It recognizes that people have different vulnerabilities related to their gender, age, class, race, occupation, sexual orientation, etc.
 - ➔ A human rights-based approach recognizes that:
 - The main causes of disease are often social problems, e.g., gender inequality, poverty, stigma and discrimination.
 - We need to deal with these underlying problems in order to promote human development and well-being.
 - ➔ A rights-based approach looks at the real human rights problems behind HIV infection. For example, EWs are highly vulnerable to getting HIV because of their social circumstances (and the fact that receptive vaginal sex is a high-risk activity). Solving this problem, i.e., reducing stigma and discrimination, will give EWs more control over their sexual health.

Chapter D



Moving to Action

Introduction

In this chapter, participants plan how they are to take action to reduce stigma and discrimination related to entertainment workers (EWs).

It is designed for health care providers, the police, NGO and CBO staff, and the community.

Thinking about solutions to stigma should not be left to the end of the workshop. It should start from the beginning of the process, so earlier exercises have included problem solving e.g., exercises A5, A6, A10, A12.

This chapter is intended to:

- ➔ Bring together all the things we have learned about EW related stigma, including what can be done practically to change attitudes and behavior.
- ➔ Build up our commitment to change things to stop stigma and discrimination towards EWs.
- ➔ Focus on what we can do to change things as individuals, as communities, and in our workplaces.
- ➔ Agree on goals and how to achieve them.



By the end of this chapter, all participants should be expected to:

- ➔ Develop a specific plan of action for challenging EW stigma in the workplace and community, and
- ➔ Make a public commitment to work individually and collectively to identify, understand, and challenge stigma and discrimination towards EWs.



Exercises

- D1. Start with a Vision – A World without Stigma
- D2. Entertainment Workers and Human Rights
- D3. Challenge What People Say about Entertainment Workers
- D4. Writing a Code of Conduct for a Stigma- and Discrimination-Free Health Facility

Key Messages

- ➔ We are all responsible for challenging stigma, not just EWs. We can all play a role in educating others and advocating for new attitudes and practice.
- ➔ Be a role model. Apply what you have learned in your own lives. Think about the words you use about EWs and try to change how you think, speak, and act.
- ➔ Encourage community leaders to speak out, to talk to others about EWs and condemn stigma and discrimination.
- ➔ Encourage EWs to speak out to help people understand how it feels to be the object of stigma and discrimination, and make sure that EWs are listened to.
- ➔ Share what you have learned. After the training, tell others what you have learned and get others talking about stigma and discrimination and how to change it.
- ➔ Talk openly about EW issues. Show you are not afraid to talk about this issue. This will help people see that this is not a shameful thing that has to be hidden. Talking openly will also empower EWs and help relieve self-stigma.
- ➔ Discuss EW stigma with family, colleagues, and friends. What are the most common forms of stigma in your workplace or community? What can be done to change things?
- ➔ Avoid using stigmatizing words. Instead of saying “these whores,” use positive words such as “entertainment workers.”
- ➔ Challenge EW stigma when you see it in your home, workplace, and community. Speak out, name the problem, and let people know that stigma and discrimination towards EWs hurts EWs, makes them hide, and helps to fuel the HIV epidemic, which affects all of us.
- ➔ Act against stigma as a community. Each community can look at stigma towards EWs in their own situation and agree on practical things they can do to do to bring about change.
- ➔ Saying “stigma is wrong” is not enough. Help people move to action. Agree on what needs to be done, develop a plan, and then do it.
- ➔ Think big! Start small! Act now! Have a big vision, but start with something small. And don’t wait. Act now!

Things you can do yourselves as individuals

- ➔ Watch your own language and avoid stigmatizing words.
- ➔ Provide a caring ear and support to EWs.

- ➔ Encourage EWs to use the available services, e.g., STI (sexually transmitted infections) checkup, medical care, voluntary and confidential counseling and testing (VCCT), support groups, etc.
- ➔ Encourage EWs, as equal members of the community, to participate in community activities.
- ➔ Challenge stigma and discrimination when you see it happen.

Things you can do to involve others

- ➔ Use informal conversations as opportunities to raise and talk about EW stigma.
- ➔ Help normalize EWs. Help people understand that EWs are not “morally bad people,” but people like anyone else, who are EWs largely through poverty.
- ➔ Encourage people to talk openly about their fears and concerns about EWs and correct myths and misperceptions about EWs.

Things to do to get the community to act against Stigma

- ➔ Activities that get people to identify and analyze EW stigma in the community:
 - Testimonies by EWs about their lives.
 - Language watch. School children or youth groups can make a “listening survey” to identify stigmatizing words used in the community, in the media, or in popular songs.
 - Community mapping of EW stigma. Get the community to make a map of stigma and discrimination, and display the map at the community meeting place.
 - Community walk to identify points of stigma in the community.
 - Drama by a youth group based on real examples, as a trigger for discussion.
- ➔ Community meetings to discuss what has been learned from the above actions and to make decisions about what the community wants to do to reduce stigma toward EWs.
- ➔ Training workshops on EW stigma for community leaders and service providers.



D1.

Start with a Vision – A World without Stigma



Facilitator's Notes:

This exercise helps to develop a vision of the kind of world we want to build, a world without stigma, and then decide on the steps to reach this vision.

If you are running a workshop that includes many different groups, divide into those different groups to conduct this exercise (e.g., health workers, police officers, community leaders, etc.). The aim is to have stakeholders working in the same field (e.g., health workers) to do this exercise as a group and agree on the changes needed within their working context (e.g., health facility).



Objectives:

By the end of this session participants will be able to:

- ➔ Describe the existing world with stigma and the future desired world without stigma
- ➔ Identify specific actions that need to be taken to overcome stigma.



Target Group:

Health care provider, police, NGO and CBO staff, and the community



Time:

1 hour



Steps:

1. **A world without stigma:** Divide into groups and hand out A4 paper and markers.



Group Task:

- ➔ Draw pictures and write words on sheets of paper to show different scenarios, and tape the sheets on the wall as a group drawing. (Alternatively, the group can work together on one large picture.) The first drawing will be a “before” picture, the world as it is now, a world with stigma. The pictures could show different scenes of entertainment workers (EWs) being stigmatized.
- ➔ Make a second drawing of the “after” picture, a world without stigma.
- ➔ Make a list of actions to be done to change things, to create a world without stigma.



2. **Report Back:** Ask each group to present its picture to the other groups. As each presentation is made, ask questions to help clarify the drawing and invite others to comment.
3. **Individual Actions:** After the groups have reported, ask each person to write down on a sheet of paper what s/he can do individually to make a change. Then go round the circle, asking each person to state what s/he plans to do to make a change.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Example: Health care setting

Picture 1 – World with stigma: EWs sitting alone on bench at clinic, with other patients avoiding and making fun of them. Nurse tells EWs to go to the back of the line and she serves other patients first. Health workers make insulting comments to EWs. Doctor refuses to help EW, says he is too busy.

Picture 2 – World without stigma: EWs sitting with other patients who are friendly with them. Health workers provide counseling, information, and condoms to EWs.

Action Plan

- Provide training for health workers on: a) EWs' lives and challenges, b) patients' rights, including the right of EW patients to equal care and confidentiality, c) how to provide counseling and services to EWs in a nonjudgmental way, d) how to diagnose and treat STIs in EWs.
- Train health staff in the skills to diagnose and treat STIs in EWs and talk with comfort about sexual practices without judgment.
- Invite EWs to attend the stigma training workshops for health workers so that health workers learn directly from EWs how they feel about the way they are handled in the clinic.
- Implement a new code of conduct: treat all patients equally, with confidentiality, and non-stigmatizing attitudes.
- Build working relations between health staff and EW support groups, and invite EW support groups to advise health staff on services provided to EW patients.
- Educate other patients and the community on EWs: that EWs are like anyone else, deserving of respect, acceptance, and equal treatment.



Examples of Responses

Example: Police setting

Picture 1 – World with Stigma: Policeman sexually harasses EW, touches her on the breast. She reports to the police, but they refuse to deal with it. Policeman uses his authority to force EW to have free sex without a condom. EWs are sitting in a park. Police arrest them, take them to police station, and get money from them. Police collect bribe from brothel.

Picture 2 – World without Stigma: Powerful person is abusing EW. She reports to the police and the man is arrested and put in jail. Police protect EWs from violence by clients. One boy tries to rape EW, but police arrest him and take him to jail.

Action Plan:

- Hold meetings with EW organizations to develop a collaborative plan to protect EWs when they have problems and to ensure they are safe.
- Train police officers on a) the rights of EWs to equal treatment by the police, and b) how to deal with EWs in a sensitive, nonjudgmental way.
- Speak up and confront other police when they stigmatize or discriminate against EWs.
- Get all police officers to stop using insulting words towards EWs, e.g., “whores.”
- Teach the police that EWs have rights like anyone else.
- Teach everyone that EWs are human beings, so we need to respect them and not regard EWs as bad people. We should treat them the same way as other members of the public.

Individual Actions

- Be friendly to EWs. Treat EWs as friends or neighbors, as our mothers or sisters.
- Explain to stigmatizers the situation of EWs so that they understand EWs and stop stigmatizing.
- Explain that EWs are human beings and we need to value them.
- Explain the difficulties that EWs face because of stigma and poverty.

D2.

Entertainment Workers and Human Rights



Facilitator's Notes:

This exercise looks at how the rights of entertainment workers (EWs) are violated and what might be done to address these human rights violations.

During the initial brainstorm, where participants are naming the rights that are violated, probe further on how the rights are violated. During the second activity where groups are working on solutions, push them to come up with realistic solutions.



Objectives:

By the end of this session, participants will be able to:

- ➔ Describe what human rights are and give some examples
- ➔ Name different rights that may be violated because a person is an EW
- ➔ Develop realistic strategies for protecting the human rights of EWs



Target Group:

Health care providers, police, NGO and CBO staff, and the community



Time:

1 hour



Materials:

Photocopies of the scenarios



Steps:

1. **What are Human Rights? (Buzz Groups):** Divide into pairs and ask pairs to discuss two questions:
 - ➔ What are human rights?
 - ➔ What are examples of human rights?

Report Back: Take each question, one at a time, and ask pairs to give one point each. Record their responses on flipchart.

Examples of Responses

The examples below provide you with information about human rights that you can share with the group, if they have not already mentioned them.

What are human rights?

- Things that every person must have because they are human
- To be treated fairly by everyone regardless of who we are and what we do, i.e., regardless of our gender, age, occupation, ethnic group, sexual orientation, etc.
- Practices that protect human beings against ill-treatment or violence.
- As human beings we are entitled to have certain things or do certain things.

Examples of human rights

Right to: life, food, water, work, shelter, clothes, health, freedom, education, protection, dignity and respect, privacy (confidentiality), legal representation, religion, sex, have a child, get married, make decisions, own land and property, choose (autonomy), vote. Also, freedom of speech, freedom of movement, freedom from discrimination, freedom of association.

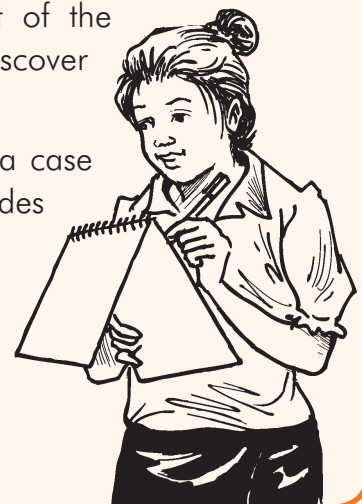
2. **Which Human Rights are Violated?** (Buzz Groups): Divide into pairs and ask pairs to discuss “What rights might be violated if you are EW? How are they violated?” Then ask the pairs to report back to the group.

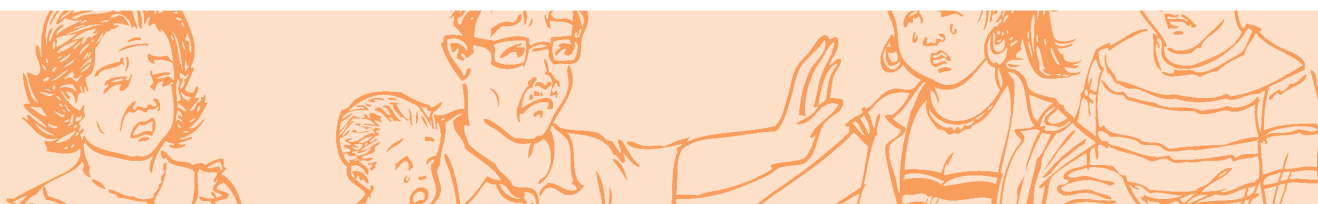
Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Examples of rights which are violated and how they are violated

- Right to equality and dignity: Many EWs are stigmatized, blamed and shunned, which violates their right to equal and respectful treatment.
- Freedom from inhumane or degrading treatment: Some EWs are sexually abused.
- Right to information: EW patients not given enough/correct information about HIV. This prevents them from fully understanding how to protect themselves from getting HIV.
- Right to health care: EWs are stigmatized and discouraged from using some clinics; and as a result, they stop getting their STIs treated, testing for HIV, etc.
- Right to privacy: EW patients have the right to keep their medical information and other facts about themselves confidential, but their work as EWs is often disclosed to others without their consent. This violates their right to privacy.
- Right to shelter/accommodation: EWs are kicked out of the house by some families or by landlords, once they discover they are EWs.
- Right to equal protection by the law: If an EW reports a case of rape, police often ignore her. They say that an EW trades with her body so she is a legitimate target for rape.
- Right to participate in community activities: Some communities prevent EWs from participating in community activities.





3. Finding Solutions (Case Studies): Divide into small groups and give each group one of the case studies (below). Ask them to read the case study and discuss:

- ➡ Which right has been violated?
- ➡ What could you do if you were the person whose rights were violated?
- ➡ What examples do you have from your own experience?

Write the questions on a flipchart and tape on the wall so that all the groups can see it.

4. Report Back and Processing: Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

Case Study A – Makara

Makara lives in a rented room with two other EWs. The landlord suspects that the three women are EWs, and he kicks them out of the house. The landlord says he doesn't want the women to infect other people with "their would be "bad for the community."

Case Study B – Chanmony

Chanmony is an EW who is HIV-positive. She goes to the clinic to apply to start anti-retroviral (ARV) treatment. When she is interviewed, the nurse discovers she is an EW. The nurse says, "I'm sorry, but I don't think this program will be good for you. We need people who can be reliable and adhere to the medication."

Case Study C: Kesor

Kesor, an EW, goes to the clinic for an STI checkup. While she is there, she is forced to take an HIV test. There is no pre-test counseling and she is told she is HIV-positive in a highly insensitive way: “You’ve got the killer disease and you deserve this punishment. You are the ones who are spreading HIV”. There is no post-test counseling and the staff rush her out of the clinic, without even treating her for the STI. She feels totally humiliated.

Case Study D: Kolthida

Kolthida is an entertainment worker. She has just returned to her rural village, after staying for several years in Phnom Penh. When she arrives home, she finds her family preparing for a wedding for her sister. She asks if she can help with the cooking for the wedding, but her father says, “People like you don’t need to be involved in these things, so stay away.”

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Case A: Kicked out of Rental Accommodation – Right to Shelter Violated

- Talk to the landlord and get him to explain why he is kicking you out.
- Challenge him: “Is it to do with my work as an EW?”

Case B: Forced out of ARV Program – Right to Health Violated

- Ask the nurse to explain why she is violating your human rights.
- Tell her that ARVs are available to all citizens.



Examples of Responses

- Ask her, “What policies are you using in making this decision?”
- Help the nurse and other health staff understand the issues of EWs.
- Meet with the director of the health facility to discuss the unfair treatment.

Case C: Bad Treatment at the Clinic – Right to Health and Confidentiality Violated

Poor procedure in the clinic; did not provide proper counseling before testing; and her confidentiality was not protected.

- Complain to the clinic director about the treatment provided by clinic staff: “I came for an STI checkup. I was given no counseling and forced to take an HIV test. I was treated in an insensitive way, with no respect. The staff should focus on providing treatment, not worrying about who I have sex with.”
- Approach the local support group of people living with HIV to take up this issue with the clinic.


Case D: Kicked out of Wedding – Right to Association Violated

NOTE: Right (or freedom) of association means the right for individuals to come together with others to collectively express, promote, and pursue common interests. (See European Convention on Human Rights and U.S. Constitution).

- Say, “I’m not making any demands for money, I am not hurting anybody, and I am willing to help with the cooking, so why are you discriminating against me?”
- Explain that she is a good cook, so the father should stop stigmatizing her and look at the needs of the wedding.
- Explain that Kolthida is part of the family so she should be included in the organization of the wedding.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants not already mentioned them.

- ➔ We need to recognize that EWs have rights, e.g., right to have work, health care, accommodation, and should be able to access those rights.
- ➔ EWs experience human rights abuses because of stigma and fear.
- ➔ In Cambodia, sex work is criminalized and EWs face a lot of persecution because of public attitudes. As a result, EWs are forced to operate in a climate of secrecy. This leaves EWs open to being exploited, stigmatized, and subjected to violence.
- ➔ The fear of being stigmatized and persecuted prevents EWs from asserting their rights. In fact, many EWs accept the violation of their rights as part of their stressful lives as entertainment workers. As a result, they find it difficult to make complaints to the police or to challenge the stigma they face in health or other facilities.
- ➔ At present, there is no specific legislation protecting the rights of EWs, but government has plans to “review and revise existing policies, regulations, and decrees related to the sex industry and HIV/AIDS” (Intervention 3) within an overall objective of “creating an enabling and empowering environment that respects the rights of EWs, including the removal of stigmatization and discrimination.” These plans are described in The National Strategic Plan to Prevent and Control HIV Transmission among Entertainment Workers, their Clients and Partners (page 36).
- ➔ EWs are more at risk of HIV infection because of their limited access to human rights. Because they lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision making and other choices that will lead to a healthy lifestyle. For example, it is difficult for them to negotiate safe sex with clients or sweethearts. This makes them vulnerable to getting HIV.

- 
- ➔ A human rights-based approach focuses on the obstacles facing EWs to accessing their human rights. It recognizes that people have different vulnerabilities, related to their gender, age, class, race, sexual orientation, etc.
 - ➔ A human rights-based approach looks at the real human rights problems behind HIV infection. For example EWs are highly vulnerable to getting HIV because of their social circumstances (and the fact that vaginal sex is a high-risk activity). Solving this problem, i.e., reducing stigma and discrimination, will give EWs more control over their sexual health.

D3.

Challenge what People Say about Entertainment Workers



Facilitator's Notes:

This exercise looks at how to challenge stigma against entertainment workers (EWs) in one's day-to-day work, e.g., as a health worker, NGO or CBO worker, or policeman. Participants learn how to be assertive and then practice this skill in a series of paired role-plays. The aim is to help people see that acting against EW stigma can be done whenever it happens.



Objectives:

By the end of this session, participants will be able to:

- ➔ Describe what human rights are and give some examples
- ➔ Name different rights that may be violated because a person is an EW
- ➔ Develop realistic strategies for protecting the human rights of EWs



Target Group:

Health care providers, NGOs and CBOs staff, police and community



Time:

1 hour



Steps:

1. **Introduction:** Explain that the session is aimed at practicing how to challenge stigma in an assertive way, i.e., looking the stigmatizer in the eye and saying what we think, feel, and want in a clear, forceful, and confident way, without being aggressive or showing anger.



2. **Paired Role – Playing:** Explain that we will now practice how to challenge stigma and discrimination in different common work situations, taking one issue at a time. Then give the following instructions:

Role – Play 1: Everyone stand up and find a partner. Face your partner. You are both health workers. Decide in each pair who is A, who is B. (Wait until they decide.) Now make a role-play about the following situation: A complains to B about an EW patient, saying, “She keeps getting diseases from her dirty game. I don’t know why we waste time on her!” Health worker B should respond in a strong and confident way. Play!

Example of Role – Play

- A : I don’t know why we are wasting our time on these EWs. They are doing their dirty business and bringing their disgusting diseases here.
- B : We have to respect her and treat her. She does not want to be a sex worker; she is doing it out of poverty and lack of skills. She has no other source of income.
- A : But she has no morals. She sleeps with everyone. We should send her away.
- B : She is one of our patients and we have to help her.
- A : But she is dirty and has no morals. She is stealing husbands and ruining people’s lives. I don’t know why we have to treat her. She should go somewhere else.
- B : As health professionals, we have a code of conduct. We need to treat all of our patients equally. We cannot stop serving a person because we don’t like her. It is part of our responsibility as professionals to provide medical care to everyone.

D3.

Challenge what People Say about Entertainment Workers

After two minutes ask a few pairs to show their role-plays (one at a time) in the center of the circle. After each role-play, ask, “How did the “challenger” do? Was he convincing and effective? What made a difference in the way he challenged the other health worker?”

Examples of Responses:

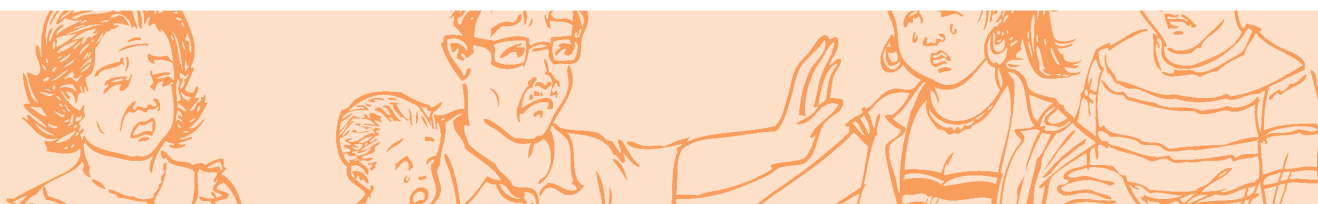
The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Good eye contact; looked directly at her colleague. Strong voice. Spoke with confidence. Didn’t criticize the stigmatizer; simply explained her duties/responsibility as a health worker. Good arguments: “We must treat all our patients equally.” “Responsibility as professionals.” She was not afraid to disagree with the first health worker. Did not back down, apologize, or allow the first health worker to dominate her. She patiently insisted that the HW do her job.



After each performance, ask other participants if they have a better way of challenging the stigmatizer, and let them take over the challenger’s role in the play and show their approach. After each new attempt, ask, “What made a difference?” [e.g., good arguments, strong voice level, body language, confidence, etc].

Then repeat the same paired role-playing process for other scenarios. For each new scenario the partners should take turns playing the “stigmatizer” and “challenger” roles.



Other scenarios:

- ➡ One health worker (doctor) refuses to examine the EW because he is disgusted with the EW's sexual behavior.
- ➡ Voluntary and Confidential Counseling and Testing (VCCT) scenario: Counselor says to another health worker, in the presence of the EW, that the "whore" deserves to get HIV because of her "disgusting behavior."

3. **Processing:** Ask, "What have you learned from the practice role-plays?"

Examples of Responses:

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

I now see that I can do something. I never realized I could challenge the stigmatizer. The best approach is to say it honestly, clearly, and simply, "This is wrong." It works. When I challenged her politely but firmly, she denied that she was stigmatizing.

Don't be afraid to disagree with the person, to say "No"

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ We can all challenge EW stigma on an individual level, using an assertive approach.
- ➡ When stigma leads to discrimination, however, you may need to develop policies or a code of practice to protect EW patients. Involve senior managers in this process.

- ➡ The most powerful responses to people who are stigmatizing are those that make the stigmatizer stop and think, rather than attacking responses that make the stigmatizer defensive. Examples of strong responses:
- You are probably not aware that you are stigmatizing.
 - EWs don't want to do this job. The only reason they are doing it is poverty.
 - We have a code of conduct as professionals to serve everyone.
 - Don't point fingers at anyone. As you point one finger towards others, four fingers are pointing back towards you; you are blaming yourself.

Then explain and discuss the following list of assertiveness techniques.

- ➡ Tell people what you think, feel, and want clearly and forcefully.
- ➡ Say "I" feel, think, or would like.
- ➡ Don't apologize for saying what you think, or put yourself down.
- ➡ Stand or sit straight in a relaxed way.
- ➡ Hold your head up and look the other person in the eye.
- ➡ Speak so that people can hear you clearly.
- ➡ Stick with your own ideas and stand up for yourself.
- ➡ Don't be afraid to disagree with people.
- ➡ Accept other people's right to say "No" and learn how to say "No" yourself.



D4.

Writing a Code of Conduct for a Stigma – and Discrimination–Free Health Facility



Facilitator's Notes:

This exercise brings health care providers and entertainment workers (EWs) together to discuss the stigma and discrimination EWs face in health facilities and to agree on what can be done to change things. The aim is to produce a guide for the care and treatment of EWs in a stigma-free, accepting way, to create a “stigma- and discrimination-free, user-friendly health facility.”

This exercise should be done only after health care providers have gone through some of the other exercises in the toolkit, which would help prepare them for this exercise.

Before this joint session, hold separate meetings with EWs and health care providers, so that both groups have had a chance to discuss how EWs are currently treated in the clinic.

The idea of bringing these two groups together is to ensure that health care providers take their cues from EWs regarding the health services they need, rather than deciding for them.

The output of the workshop will be practical guidelines, agreed by both parties, which can be used to guide practices in the health facility. Applying the new guidelines on a daily basis will help to reinforce what was learned during the workshop. Health care providers will begin to internalize the new, non-stigmatizing ways of working, which will become standard practice. This will ensure that the rights of EWs are supported and that they receive high quality and comprehensive health services.



Objectives:

By the end of this session, participants will have produced guidelines for running health facilities on a stigma-free basis.



Target Group:

Health care providers and entertainment workers



Time:

1 hour



Materials:

Examples of Codes of Conduct from other countries (see Information Sheet 7 in the annex to this toolkit for an example code of conduct)



Steps:

1. **How are EW's Treated in the Health Facility?** Put up a list of a) the major forms of stigma in health facilities and b) their effects on EWs, which were identified in exercise A12.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma and Barriers in the Health Facility

- EW patients are kept waiting a long time. Other patients are served first.
- Bureaucratic/unfriendly treatment and insulting language: “whores”, “women without shame.”
- Health facility staff gossip about EW patients and show their disapproval/judging.
- Break confidentiality. Health facility staff tell other staff and patients about EW patients.
- Blaming and shaming: “You deserve to get this, because of your disgusting behavior.”
- Health staff are uncomfortable talking about sexual practices without judgment.
- Some health staff are more concerned about the EW patients’ sex life than dealing with their health problems.
- Poorly done, rushed examinations and not explaining the medication and its side effects.
- Invasive questioning e.g., “How often do you have sex? What kind of sex do you enjoy the most? Do you have a sweetheart?”

Effects

- EWs feel insulted, humiliated, and angry, and they receive no solutions to their health problems.
- EW patients stop using the health facility and do not get their STIs treated.
- EWs resort to other forms of treatment, e.g., private doctors who treat them with more confidentiality and less stigma, or self-treatment.
- It may affect their self-esteem/self-confidence, and they may deny their sexual risk and take more risks in their sexual behavior (e.g., not using condoms).

2. **Finding Solutions to Stigma (Small Groups):** Divide into small groups of four people, two EWs and two health workers in each group. Ask each group to write guidelines for a stigma- and discrimination-free health facility.

Example – Charter for change: Building a Stigma-Free, User-Friendly Health Facility

This sample charter is to provide you with an example of the type of responses you can expect, as well as some additional points. If these are not raised by any participants, you may want to discuss them as possible additions to the charters the groups developed.

- ➔ Treat all patients with equality, respect, dignity, and privacy.
- ➔ Ensure that care for EW patients is not denied, delayed, or referred elsewhere and that it is the same quality as the care provided to other patients.
- ➔ Ensure that all staff are trained in patients' rights and the right of EW patients to equal and confidential care.
- ➔ Ensure that staff are trained in the skills to diagnose and treat STIs in EWs and talk with comfort about sexual activities without judgment.
- ➔ Challenge stigmatizing words and actions when you see them. Get health workers to think about how their words and actions can hurt.
- ➔ Encourage health facility to talk openly about their concerns about EW patients and correct misconceptions about EW patients. This will help people see that this is not a shameful thing that has to be hidden. Talking openly about EW patients will also empower EWs and help relieve some of their self-stigma.
- ➔ Normalize EW sex. Get health workers to regard EWs as "people who are doing work because they are poor," and not "people with bad behavior".
- ➔ Educate other patients and the community that EWs are like anyone else. They deserve respect, acceptance, and equal treatment.
- ➔ Build working relations between health staff and EW support groups, and invite EW support groups to advise health staff on services provided to EW patients.

D4.

Writing a Code of Conduct for a Stigma – and Discrimination – Free Health Facility

3. **Individual Commitments (Small Groups):** Then divide into two groups, EWs and health workers. Ask each group to brainstorm what they can do to contribute to the goal of zero new HIV infections.

Examples of Responses

The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

EW

Insist on 100% condom use with all partners, including sweethearts.

Go for regular STI checkups and HIV testing.

Educate peers about safe sex.

If HIV-positive, learn how to live in healthy way, access ARVs, and adhere to treatment.

If HIV-negative, learn how to remain negative.

Work through EW associations to assert their human rights and health demands.

Health Workers

Distribute condoms without stigma.

Provide STI diagnosis and treatment for EWs on a stigma-free and confidential basis.

Provide EWs counseling in nonjudgmental way.

Provide regular checkups on EW's health.

4. **Optional Activity:** Ask the EW representatives to brainstorm answers to the following question: “What makes a health facility EW-friendly?”

Examples of Responses

- The staff are friendly.
- The staff do not judge us.
- The staff treat us the same way as other patients.
- We trust the staff.
- The staff promote our privacy and keep our information confidential.
- The staff are sincere and want to help us.
- The staff explain things simply and clearly.
- The services are available e.g., medicines are available, the equipment is good, the clinical services are high quality, etc.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- ➡ Service providers all have a specific type of job to do that involves helping people. Just because someone is EW doesn't mean that she should be treated any differently.
- ➡ Once service providers become more comfortable with EWs and the types of issues that EWs face, they will be able to provide better services to EWs.
- ➡ Once EWs become more comfortable talking about their concerns with health workers, police officers, and other service providers, they will seek help more often, and that will improve the overall public health and safety of the community.
- ➡ Staying silent helps no one. EWs and service providers must work together to find realistic solutions to problems facing the EW community.

- ➔ If discriminatory behaviors are tolerated and no one holds people accountable to doing their job and treating people equally, it tears the fabric of the community.
- ➔ Finding ways to improve services for EWs is in the best interest of the health and safety for the entire community.

Here are some tips on how to provide nondiscriminatory services to EW patients:

- ➔ Build a relationship of trust and make the EW patient feel safe to express herself freely. Remember that it has taken a lot of courage for her to be open to you about her situation.
- ➔ Emphasize that you will handle the information she provides in a confidential way.
- ➔ Let her talk first and tell her to take her time. Listen attentively to what she says. Lean forward and show with your body that you are listening carefully to what she is saying.
- ➔ Don't probe into her sexual activities. It is not your job to find out more about her sexual relationships. Limit your questions to what you need to know.
- ➔ Don't ask directly whether she has commercial sex. Wait until she is comfortable to raise this subject herself. It may take several visits before she is comfortable.
- ➔ Talk about the STI symptoms, the problem she has brought to the clinic, and, when she is ready, let the patient mention that she got the STI from doing sex work.
- ➔ To avoid talking about the patient herself, make up a "typical" EW and discuss how she could practice safer sex.
- ➔ Be aware of your own personal feelings and avoid judging or condemning her sexual behavior in words or body language.
- ➔ If you don't know that the patient is EW, don't make assumptions about her relationships or sexual behavior.
- ➔ Once the person reveals that she is EW, help her to become aware of her rights. If appropriate, refer her to the local EW support group.

Annex A –

Information Sheets

Information sheet 1	Entertainment Worker – Frequently Asked Questions
Information sheet 2	Stigma and Discrimination toward Entertainment Workers
Information sheet 3	Human Rights
Information sheet 4	Sexually Transmitted Infections (STIs)
Information sheet 5	HIV Transmission
Information sheet 6	HIV and AIDS – Frequently Asked Questions
Information sheet 7	Code of Conduct for Health Workers
Information sheet 8	Code of Conduct for Health Police

Annex A

Information Sheet 1

Entertainment Workers – Frequently Asked Questions

How do entertainment workers become entertainment workers?

The majority of entertainment workers (EWs) have taken up this work because they are poor, have difficulty finding other work, have low education, are the sole breadwinner, and/or have children to support. Often EWs have taken up this work because they are providing financial support for several family members. Many EWs are not happy with entertainment work, would like to get out, but feel they have no alternative to make a living. They would prefer to use their skills to make money, rather than having to sell sex. If they could find other work with the same pay, they would leave the EW job.

Are all entertainment workers available for sex?

No. While many EWs sell sex as an extension of their job as a waitress or karaoke girl, not all EWs sell sex. Some EWs just do their job as waitresses in restaurants or beer gardens, but limit their work to serving customers drinks. Other EWs do survival or transactional sex, often at the direction of the establishment owners, or through their own negotiation.

Is sex work against religion?

Some religious leaders have preached against sex work, saying that it is immoral and against religious teachings. In the Christian religion, Jesus accepted sex workers and condemned discrimination towards them, emphasizing compassion and tolerance towards them. In Cambodia there is no national Buddhist view on this issue.

Do entertainment workers have long-lasting love relationships?

Many people think that sex workers are only interested in sex and that their relationships are shallow and never last. But in fact, entertainment workers are as capable of deep, long-term, loving relationships as other people. EWs may have sex with many clients, but they also have lasting love relationships with their regular partners (sweethearts) or husbands.

Can EWs make money quickly through this type of work?

Yes. Earnings from sex work helps EWs to put food on the table, send their children to school, support their sweetheart or other family members, and buy new clothes. Many EWs want to remain in this work because of the financial benefits – they can make considerably more money as an EW than as an unskilled laborer. Many EWs would leave this work if they could find other work with similar financial remuneration.

Do entertainment workers enjoy the sex with clients?

No. Most EWs who are sex workers do not get pleasure out of sex with the clients – it is just a way of making money. When they are with a client, they want him to do it quickly and leave. In fact, having sex with a stranger can be very painful due to the lack of sexual arousal, which is needed for vaginal lubrication. Sex work often results in medical problems such as acute and chronic pelvic pain, pathological vaginal discharge, genital ulcers, skin disease, pain during urination, bladder and kidney infections, and STIs.

What problems do entertainment workers face?

EWs have many problems and their job is very dangerous. They have to survive in a hostile and violent environment. Clients exploit and often abuse EWs because they think they can do anything to them, once they have paid them. The clients regard EWs as women without rights. Some clients refuse to pay EWs the agreed amount, beat them, and rape them, in some cases involving gang rape. EWs are often abused by the owners of entertainment establishments and also by the police, who may force EWs to provide free sex. EWs may also face harassment and violence at the hands of their sweethearts.

Are entertainment workers 'asking for it' by showing off and selling their bodies?

No. While EWs who are sex workers may show off their bodies to attract men to hire their services, this is no justification for rape. EWs are not asking to be raped. The way someone dresses does not give anyone the right to rape that individual. No one deserves to be raped.

Information Sheet 1 – Entertainment Workers – Frequently Asked Questions

Are all entertainment workers alcoholics or drug addicts?

No. This only happens to some EWs. Some EWs become addicted to alcohol or drugs because they have to drink as part of their job or in order to cope with the job's hardship – to make them more relaxed for the work and to forget their troubles with this job or family hardships. In some cases this leads to addiction.

Do entertainment workers hide their work to avoid stigma from their families and the community?

Yes. EWs often do everything possible to ensure that while they are working, family members or family friends do not find out what they are doing. While family members may know that they are supported by money from entertainment work, it is still heavily stigmatized by the family and the community. Sometimes the entire family is stigmatized by the community if one member is known to be an EW. The stigma associated with this work is so painful that it forces the women to carry the burden of their secret life alone and usually away from home.

Do EWs insist on the use of condoms with clients?

During the 100% Condom Use Program (100% CUP), EWs were encouraged to insist on the use of condoms with every client, and this objective was supported by the owners, the police, and NGOs and CBOs working with EWs. Since the introduction of the Law on the Suppression of Human Trafficking and Commercial Sexual Exploitation, EWs have found it more difficult to insist on the use of condoms with clients. The police use condoms as evidence in order to arrest EWs and establishment owners; as a result, condoms are less easily available in the bars and restaurants where EWs work. EWs who sell sex are relatively powerless and often don't feel they have the strength to insist that their clients use condoms. Some clients offer to pay more for sex without a condom. Because EWs are often poor and supporting many family members, they feel inclined to accept, even though they know this puts them at risk.

Do entertainment workers report to the police when they have been cheated, beaten, or raped by clients?

Some EWs are afraid to report these cases to the police because their work as sex workers is illegal and they are afraid they will be arrested. In some cases the police themselves harass sex workers to give them free sex or money.

What is the government HIV prevention program targeted to entertainment workers?

EWs who engage in sex work have been a major focus of HIV prevention efforts in Cambodia over the last decade. Through the 100% Condom Use Program (100% CUP), the Cambodian government developed an effective program to promote high levels of condom use and regular testing for STIs and to involve large numbers of EWs in HIV prevention through a collaborative effort involving EWs, entertainment establishment managers, health workers, the police, and NGOs and CBOs working with EWs. This helped in a major way to reduce HIV prevalence among EWs and their clients.

Is sex work illegal in Cambodia?

Yes. In February 2008, the government passed the Law on the Suppression of Human Trafficking and Commercial Sexual Exploitation. This law aims to reduce trafficking and sexual exploitation of women and girls by criminalizing any form of commercial sex. It is illegal for women to sell sex, and they can be arrested if they are caught selling sex.

How has the new anti-trafficking law affected sex work?

Rather than stopping sex workers from selling sex, this law makes sex workers go underground, hiding their activity from the police. In going underground, sex workers may be less careful about their sexual practices. Because they feel under threat and because condoms are not easily available, sex workers are unable to insist on safe sex with clients, making them and their clients more vulnerable to HIV.

Information Sheet 1 – Entertainment Workers – Frequently Asked Questions

The National AIDS Authority has recognized that the new law has undermined HIV prevention efforts. It is trying to find ways to accommodate the new law, while at the same time trying to create a more empowering environment that respects the human rights of EWs and removes stigma and discrimination so that EWs can access prevention and care services.

Why should people be more informed about entertainment worker issues?

Becoming informed about EW issues helps reduce stigma and discrimination towards EWs. With more understanding by the public, EWs will be able to live more open and productive lives and be able to access HIV, STI, and other health services.

Why should I support the human rights of entertainment workers?

You should support the human rights of EWs because:

- ➔ EWs are human beings and have rights like everyone else. They deserve to be treated equally and fairly – at home, in their own workplaces, in health facilities, and in the community.
- ➔ In the workplace, EWs deserve the respect of everyone, fair payment by clients, and the right to insist on safe sex and on sex without violence.
- ➔ In the health facilities, EWs deserve to be treated fairly, without judgment and with their confidentiality respected.
- ➔ Some EWs feel they lack right to demand fair treatment. As a result, clients are able to abuse EWs, including demanding sex without condoms; and often EWs stop using health services. This makes EWs and their clients more vulnerable to getting HIV and STIs.

- ➡ If EWs know that they have rights and their rights are protected, they will be able to demand fair treatment, and this will help EWs avoid getting HIV or STIs or passing them to their clients.
- ➡ Take a stand for fairness. Help to challenge the stigma and discrimination towards EWs. Help them regain their rights – to good health services and to fair treatment in the workplace and community.
- ➡ In the community, EWs have the right to protection under the law. They have the right to, participate in community development activities, have access to information, earn a livelihood, and be free from harassment, abuse, and violence.

Annex A

Information Sheet 2

Stigma and Discrimination towards Entertainment Workers

Sometimes we treat people badly because of how they look or what we assume they do. We isolate them, e.g., refusing to sit beside entertainment workers (EWs) in the clinic; or we gossip about them and call them names because of the way they look. When we isolate or make fun of other people, this is called “stigma.” It makes the person feel ashamed or disgraced.

Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals.

We identify a difference in a person or group, for example a physical difference or a behavioral difference, and then we mark that difference as something negative. We make that difference into something “bad,” socially “undesirable,” and a sign of disgrace. In identifying and marking differences as negative, we create, perpetuate, or strengthen negative attitudes and beliefs towards individuals or groups with these differences, and this allows or justifies us to stigmatize and discriminate against the person or group.

Stigma is a process that leads to and justifies discrimination.

The action resulting from stigma is discrimination – unfair treatment or failure to provide treatment to those who are stigmatized, e.g., EWs not hired, gossiped about, kicked out of the house, or refused treatment at a clinic.

Stigma towards EWs takes place everywhere – homes, schools, communities, clinics, public spaces, and workplaces. Some forms of discrimination EWs may experience are:

- ➔ shame and rejection by families and being forced to leave home
- ➔ condemnation and gossip by neighbors
- ➔ poor treatment at some health facilities
- ➔ verbal, physical, and sexual abuse from clients and establishment owners
- ➔ harassment by some police who don’t treat cases of reported violence seriously
- ➔ stigmatization by other EWs who don’t want to associate with them.

Stigma and resulting discrimination at home is particularly painful.

If your own family stigmatizes you, you may have nowhere else to go. You feel all alone. There are very few places where EWs feel safe. They often feel watched and face stigma and hostility in many places.

Stigma and resulting discrimination towards EWs takes five major forms –

- ➔ Shaming and blaming: EWs are often condemned for their sexual behavior, which is seen as breaking “traditional” social norms.
- ➔ Isolation or rejection: People say that EWs are a danger or threat to others and so they isolate EWs. This is based on ignorance and fear about EWs and their sexual practices.
- ➔ Self-stigma: EWs may stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and isolate themselves
- ➔ Enacted stigma or discrimination: EWs are often treated unfairly. For example, EWs may be kicked out of the house, harassed by the police, given poor treatment in the clinic, beaten by clients, etc.
- ➔ Stigma by association: The EW’s family may be stigmatized because of their association with EWs – they may be blamed for not raising their daughter properly.

The main causes of stigma are:

- ➔ Moral judgments because EWs are viewed as practicing sex that breaks social norms and is seen as immoral
- ➔ Fear and ignorance because people have little understanding about EWs – their lives and their sexuality – so out of ignorance they judge EWs unfairly. They are prejudiced against people who are seen as behaving differently.

Information Sheet 2 – Entertainment Workers – Frequently Asked Questions

Some of the effects of stigma and resulting discrimination against EWs are:

- ➔ Sadness, loneliness, feeling rejected, hopelessness, confusion, and loss of self-esteem
- ➔ Stress, depression, suicide, alcoholism
- ➔ Fear of not being accepted by others – “What will people say?”
- ➔ Shame and loss of confidence. EWs feel they are no longer accepted by others.
- ➔ Discrimination - kicked out of family, work, rented accommodation, etc.
- ➔ Secrecy/hiding: This stops EWs from disclosing their situation and accessing services

As a result of the effects of stigma and resulting discrimination, EWs may find difficulty in accessing health services, sharing their concerns with health providers, and practicing behaviors that help prevent HIV and other STIs. EWs often avoid using health services and may take less care about their sexual health because they fear stigma and discrimination. For example, EWs might not use condoms regularly and consistently with all sexual partners, or they might go to a clinic to get an STI treated and then find it difficult to tell the doctor that they are doing sex work. As a result, EWs often do not get treated for their STIs.

For similar reasons, EWs also avoid getting tested for HIV. This may put EWs at higher risk of getting HIV and as a result, EWs may pass HIV to their sexual partners. In this way, stigma towards EWs helps to fuel the general HIV epidemic.

Stigma is viewed at present as something right. People think that it is acceptable to isolate and shame EWs. They are not aware of how it affects EWs, their families, and the HIV epidemic.

Stigma and discrimination towards EWs are violations of their human rights and undermine public health efforts to tackle HIV and AIDS. EWs have the right to be protected from stigma and discrimination.

What are human rights?

- ➔ Human rights are the rights of all human beings to certain elements and conditions fundamental to a healthy, meaningful, satisfying life. All human beings are born with these rights.
- ➔ Human rights are based on recognized needs such as right to life, food, health, clothing, shelter, protection, work, education, and privacy; the right to own land and property; and other needs, such as freedom from discrimination, freedom of sexual expression, freedom to have a child, freedom of association, and freedom of speech.
- ➔ Human rights are universal – they exist even if the state does not recognize them.
- ➔ The foundation for most rights is the right to dignity and equality. Human rights recognize that all human beings are born free and equal in dignity and rights. People have to respect our dignity and worth as human beings, even if they don't like what we are doing.
- ➔ Human rights are based on principles of fairness and justice – human rights mean that we should be treated fairly by everyone regardless of our class, gender, occupation, etc.
- ➔ Human rights means that we should respect and not harm one another, so human rights go hand in hand with responsibilities. As others must respect our human rights, we must respect theirs.

What human rights are included in Cambodia's Constitution?

- ➔ The right to life
- ➔ The right to personal liberty and security of person
- ➔ The right to freedom of conscience, expression, assembly, association, and movement
- ➔ The right to privacy (confidentiality)

- ➔ The right to a fair trial when charged with a crime
- ➔ Protection from deprivation of property and security
- ➔ Freedom from torture and from inhumane and degrading treatment

Freedom from discrimination on the basis of color, race, tribe, sex, political opinion or creed

What are some rights of EWs that are commonly violated in Cambodia?

- ➔ Right to equality and dignity: Many EWs are stigmatized and discriminated against. This violates their right to equal and respectful treatment.
- ➔ Freedom from inhumane or degrading treatment: Some EWs have been scolded and beaten and treated harshly in the home.
- ➔ Freedom of association: Some EWs have been kicked out of public places.
- ➔ Right to information: In the past EWs were not given enough correct information about HIV, preventing them from fully understanding how to protect themselves from getting HIV.
- ➔ Right to health care: Some EWs have been given substandard care or refused care at health facilities; and as a result they have stopped getting STIs treated, testing for HIV, etc.
- ➔ Right to privacy: Some health workers have broken confidentiality by revealing the occupation of EWs patients, thus violating the EW's right to privacy.
- ➔ Right to shelter: Some EWs have been kicked out of the house by their families or by landlords, once they discover they are EWs.
- ➔ Right to work: Some EWs find it difficult to find other work, once it is known that they have been entertainment workers.
- ➔ Right to equal protection by the law: If an EW reports a case of violence or sexual harassment to the police, the police often refuse to take up the case.

Information Sheet 3 – Human Rights

What can we do?

- ➔ EWs should know that they have rights and responsibilities, and if their rights are violated, they can do something. They have a right to seek redress, e.g., by using existing provisions within the law.
- ➔ EWs should also know about: (1) legal remedies available if their rights are violated, (2) legal obligations of the state in protecting their rights, and (3) their right to lay criminal charges against a perpetrator of violence (including clients and sweethearts).
- ➔ EWs need to understand the obligations of the police and the courts to protect the rights of vulnerable groups within society, such as abused women, children, and EWs.

What can happen if the rights of EWs are not respected?

- ➔ EWs will feel persecuted and threatened in a climate of fear and denial.
- ➔ Some EWs will continue to be secretive about their HIV status and not disclose voluntarily – and this secrecy will continue to fuel the HIV epidemic.
- ➔ EWs will become more vulnerable to getting HIV and more likely to pass HIV to others.

What will happen if the rights of EWs are respected?

- ➔ EWs will be able to live a life of dignity without discrimination. They will feel that their human rights are protected.
- ➔ Feeling safe, EWs will be able to take more responsibility for their own health and the health of others, and they will be able to access their right to health services.
- ➔ EWs will be less vulnerable to getting HIV and less likely to pass HIV to others.

What are the roles and responsibilities of individuals and the state in ensuring human rights?

- ➔ Individuals should be aware of their rights and be active to defend their rights.
- ➔ The state should create a positive environment in which all people can access their human rights and recognize, uphold, and protect the human rights of all citizens.

How can the state implement a rights-based approach?

The Cambodian public is not a homogenous group of people with the same needs and circumstances, but a heterogeneous group with varying needs. EWs are vulnerable to getting HIV because they are a discriminated minority – the stigma and discrimination blocks them from fully accessing health services (in the same way as other citizens) and taking responsibility for their sexual health. There is a need to use this awareness of vulnerabilities to guide public health policy. This creates openness and trust through the law and through protective structures.

Without a human rights approach, some EWs will continue to be secretive about their sexual relationships and HIV status and not disclose voluntarily. A protective legal framework will normalize living with HIV, and ideally it will normalize the rights of EWs.

How are human rights protected internationally?

There are a number of international human rights instruments. Cambodia is a signatory to four of them:

- ➔ Universal Declaration of Human Rights (UDHR)
- ➔ International Covenant on Civil and Political Rights (ICCPR)
- ➔ Convention on the Rights of the Child (CRC)
- ➔ Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

Annex A

Information Sheet 4

Sexually Transmitted Infections (STIs)

What are STIs? STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another, mainly through sexual contact. While the main form of transmission is sex, many STIs can also be transmitted from a pregnant woman to her child during delivery. Some STIs can be passed through unclean injection needles, skin-cutting tools (such as razors), and blood transfusions.

Women get STIs (including HIV) twice as easily as men. The woman's vagina has a larger surface than a man's penis and vaginal walls have thin membranes that easily develop small tears through which STIs can pass.

How do I know if I have an STI? Some STIs do not show symptoms at all and may be hidden, e.g., in the case of women, in the vaginal canal. As a result, women often have no visible symptoms, making it more difficult for them to know that they have an STI; they have to depend on their sexual partner(s) or a health worker to tell them they have an STI.

What are the symptoms of STIs? Sometimes, an EW who gets an STI has no initial or visible symptoms. She feels healthy, but the STI germs are inside her body damaging her reproductive organs. The EW can unknowingly pass an STI to her partner. Even if symptoms seem to go away, the STI remains, so she should seek testing and treatment.

Common symptoms of STIs in women are:

- ➔ Unusual or excessive discharge and smell from the vagina
- ➔ Burning pain when urinating
- ➔ Sores, bumps, or blisters near or on the sex organs or mouth
- ➔ Burning or itching around the vagina
- ➔ Unusual scratching around the sex organs, especially the pubic area
- ➔ Pain in the lower part of the abdomen

- ➔ Pain inside the vagina during sexual intercourse
- ➔ Unusual bleeding from the vagina when it is not the woman's regular monthly period
- ➔ Backache, fever, and chills

What are common types of STIs among women? STIs include chlamydia (the most common STI among EWs in Cambodia), gonorrhea, chancroid (genital ulcer), genital herpes, genital warts, hepatitis B, syphilis, and HIV. Below is a list of symptoms specific to different STIs.

- ➔ Chlamydia: Symptoms can include discharge from the vagina or burning/pain when urinating. Chlamydia is known as a "silent" infection because many people show no symptoms at all, but they can still pass it on to others.
- ➔ Gonorrhea: Symptoms for women include sores in the vagina, a discharge from the vagina, and pain when urinating.
- ➔ Genital warts: Small and bumpy warts on the sex organs, which are painless but itchy. The warts grow around the genitals or anus and can sometimes cause problems in passing urine. Women with untreated genital warts may be at increased risk of developing genital cancers.
- ➔ Genital herpes: Small painful blisters on the genitals, mouth or anus, itching or burning before the blisters appear. The sores can come back, particularly if you are feeling weak or tired or have a vaginal infection.
- ➔ Chancroid (genital ulcer): Sores on or around the genitals; sometimes the glands in the groin swell up and the sores may burst.
- ➔ Syphilis: A painful sore on the vagina, a rash and flu-like symptoms. These signs disappear, but the disease is still growing in the body.
- ➔ Hepatitis B: Flu-like feelings, tiredness, jaundice, dark urine, and light-colored stool.

Information Sheet 4 – Sexually Transmitted Infections (STIs)

Do STIs affect my risk of getting HIV? Having an STI increases the risk of getting HIV. STIs produce sores in the genitals, which make it easier for HIV to pass into the bloodstream during sex. Prevention and early treatment of STIs will reduce the risk of contracting or transmitting HIV.

Can I get an STI from oral sex? Yes. Oral sex is high risk for most STIs, including chlamydia and gonorrhea, which can cause sores in the mouth. If there are no cuts, sores, or STIs present, oral sex is low risk for HIV. It is important to keep one's mouth clean and clear from sores or cuts and to use a condom for oral sex to lower the risk of STI transmission. Saliva contains a natural enzyme that kills HIV but provides no protection from other STIs. Oral sex is a much safer activity to avoid HIV, but many forget that oral sex is high risk for other STIs.

Are STIs curable? All STIs (except HIV, hepatitis B, and herpes) are easily treated and cured, but they can be very dangerous and even fatal if they are left untreated. If left untreated, they can be passed on to sexual partners, pregnant women can pass the STI to their babies at birth, and the STI can damage the sexual organs and lead to infertility. Gonorrhea, for example, if left untreated, can lead to pelvic inflammatory disease (PID), which makes it impossible to have a baby. Some STIs, if left untreated, can cause blindness, cancer, and heart problems; others can lead to death.

STIs fall into two categories:

- ➡ Those caused by bacteria and which can be cured, such as chlamydia, gonorrhea, chancroid, and syphilis.
- ➡ Those caused by viruses, which cannot be completely cured, e.g., genital herpes, genital warts, hepatitis B, and HIV.

What should I do if I think I have an STI? Go to a clinic and get tested and treated. Many STIs can be treated and cured with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital or anal warts can be removed but may return.

Patients should complete the full treatment. Otherwise the germs will stay in the body and make the person ill later on. The person can also transmit the disease to others. People who are treated for STIs should tell their most recent partners, so they can also be treated.

It is recommended that all sexually active people get tested regularly for HIV and other STIs.

The HIV Transmission Equation

- ➔ Human host with HIV: A human being has to carry the virus in order to infect another person.
- + Body fluid that carries large amount of HIV: Blood, semen, vaginal fluid, or breast milk
- + Opening into the bloodstream: Such as needle holes or cuts/tears in the anus, vagina, or penis
- + Activity that can move these fluids between people: Unprotected sex (anal, oral, or vaginal), sharing infected needles, breastfeeding, or blood transfusion with infected blood

= Possibility of Infection

QQR – Quality, Quantity, Route of Transmission

For HIV transmission to take place, the quality of the virus must be strong, a large quantity must be present, and there must be a route of transmission into the bloodstream. All of these things must be present for someone to become infected with HIV.

Quality: For transmission to take place, the quality of the virus must be strong.

- ➔ HIV cannot survive outside the body. It starts to die the moment it is exposed to the air.
- ➔ HIV is not an airborne virus. This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- ➔ HIV does not live on the surface of the skin; it lives inside the body. There is no risk from shaking hands or hugging someone. The only place the virus can survive outside the body is in a vacuum (like inside a syringe) where it is not exposed to air.
- ➔ HIV will die if it is exposed to heat, e.g., if someone bleeds into a cooking pot.

Quantity: For transmission to take place, there must be enough quantity of the virus.

- ➔ HIV is found in large quantities in blood, semen, vaginal fluids, and breast milk.
- ➔ HIV is not found in sweat or tears.
- ➔ HIV can be found in very small amounts in saliva, vomit, feces, and urine, but the quantity of HIV is not enough for any risk of transmission.
- ➔ Cleaning or bathing a patient is quite safe, provided that if the caregiver has any wounds, these are covered.
- ➔ Kissing, even deep kissing, poses no risks.

Route of Transmission: For HIV transmission to take place, the virus must get inside your bloodstream.

- ➔ Our body is a closed system – and HIV cannot pass through unbroken skin.
- ➔ HIV can pass through the skin on the genitals – penis, vagina, or anus - during sex because the skin here is much thinner and has small openings where HIV can pass.
- ➔ The vagina has a large surface area of mucous membranes that can get cut during sex, allowing HIV to get into the body and bloodstream of the woman.
- ➔ The rectum has a large surface area, and the skin in the rectum is very susceptible to tears during anal sex, especially if the insertive partner is not using lubricant. This is why it is very important to use water-based lubricant during anal sex.
- ➔ The skin on the penis is stronger than in the vagina – it is less prone to cuts so it is less vulnerable to penetration by HIV. However, HIV contained in blood and rectal fluids can pass through the urethra of the penis or under the foreskin of someone who is uncircumcised. Men who are uncircumcised are more likely to become infected with HIV if exposed during unprotected anal sex than men who are circumcised.

Information Sheet 5 – HIV Transmission

- ➔ When we inject drugs, the infected blood can go directly into the bloodstream.

With common sense and everyday hygiene, many of the concerns that people worry about would not really happen in everyday life. For example, you wouldn't share a toothbrush if it were covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone's diarrhea.

These three conditions – quantity, quality, and route of transmission (QQR) -- explain why there is no risk of HIV transmission by:

Sitting beside or sharing rooms with people living with HIV. Hugging or kissing. Mosquito bites. Sharing cups, glasses, plates, bowls, and chopsticks. Sharing sheets, towels, or clothes. Giving blood. Sharing toilets. Using the same washing water. Sneezing or coughing.

QQR explains why HIV cannot be transmitted by activities such as:

- ➔ Touching the skin or sweat of a person living with HIV
- ➔ Changing the clothes of or serving food to a person living with HIV
- ➔ Taking the blood pressure of a person living with HIV
- ➔ Shaking hands with or hugging someone living with HIV
- ➔ Kissing someone with HIV when your mouths are clean and clear of cuts or sores

Other factors that increase the risk of sexual transmission of HIV:

- ➔ Viral load of infected person. Higher viral load increases risk of HIV transmission. The highest viral loads occur at the initial stage of HIV infection (before an individual even tests positive for HIV) and the final stages of AIDS.
- ➔ Having multiple partners. If you have sex with multiple people regularly and do not use condoms with all partners, HIV can pass quickly through your sexual network. Remember, a viral load (quantity) is highest right after infection. So, if you got infected last week and have unprotected sex with someone else today, you are more likely to pass on the virus.

- ➡ Presence of cuts or wounds. Wounds or cuts on either sexual partner increase the chance of HIV entering the bloodstream.
- ➡ Presence of other sexually transmitted infections (STIs). STIs cause sores or broken skin, making it easier for infected blood to get through the skin into the bloodstream.
- ➡ Having sex during the menstruation period or when a woman is bleeding.
- ➡ Not using a water-based or silicone-based lubricant during anal sex. Lack of lubricant could cause additional tearing to the rectum and even lead the condom to break. Don't use Vaseline or oil as a lubricant, as this can make condoms break.

Annex A

Information Sheet 6

HIV and AIDS – Frequently Asked Questions

Can oral sex spread HIV and other STIs?

If there are no cuts, sores, or STIs present, oral sex is very low risk for getting HIV. Saliva contains a natural enzyme that kills HIV. However, oral sex is high risk for spreading other STIs such as chlamydia and gonorrhea.

Is it true that condoms are not really safe?

If used properly, condoms offer 98 percent protection against HIV and other STIs. The virus cannot pass through a condom. Make sure your condoms are not out of date, and store them in a cool place. Don't use Vaseline or oil on them as this can make them break. Never use more than one condom at a time.

How long can you live if you get HIV?

This depends on several factors. If you are healthy and can eat well and have lots of support, you can live for many years. If you can access anti-retroviral (ARV) drugs and take them consistently, you can live many years. Remember that HIV and AIDS are different things. With HIV, you have the virus but you are mostly healthy. With AIDS, it means your immune system has become significantly weakened, and you might have a number of opportunistic infections. It is important to treat these infections. Finding out you are HIV-positive is not a death sentence.

Is there any cure for HIV?

There is no cure, but treatments are available that slow down the impact of HIV. The combination of treatments is called anti-retroviral therapy, or ARV therapy.

Is it true that I can get HIV from someone even if they tested negative?

Yes. Many people choose to have unprotected sex because they think their partner is negative. Too often, people forget about or do not know about the "window period." When a person contracts HIV, it takes up to three months for that person to test positive. During this window period, viral loads are highest, and a person is most infectious.

Can you tell if someone has HIV by looking at him or her?

No. The only way to know if someone is infected with HIV is through an HIV test. Most people living with HIV look healthy and do not have symptoms for many years. It is only at the end stages of HIV infection that people become ill, showing the signs and symptoms of AIDS.

Can mosquitoes transmit HIV from human to human?

No. HIV cannot live outside the human body except in a closed vacuum, like syringes. Malaria is a parasite that survives in mosquitoes, which is why it can be transferred to humans. HIV (H = Human) is a virus that cannot survive in mosquitoes.

Can HIV be transmitted through razor blades or sharp instruments?

There is a slight risk if a razor is being used quickly to make incisions or cuts on many people one after the other, without washing it. It is better – and more hygienic – to sterilize sharp instruments by boiling them, washing thoroughly with rubbing alcohol or to use new razors every time. If a shared razor is covered in blood, it should be washed thoroughly before use.

Can I get HIV by cleaning up diarrhea of an HIV patient?

There is no risk. Diarrhea does not contain HIV, unless it has blood in it, and it would still have to get inside your bloodstream. Use gloves or cover your hands.

Annex A

Information Sheet 7

Code of Conduct for Health Workers

Every individual has the need and desire for proper medical care throughout their lives. Entertainment workers (EWs) are no different and deserve the same health care as anyone else.

Under the code of conduct for health workers in Cambodia, every patient has the right to:

- ➔ confidentiality about their medical issues and anything they share with a health worker;
- ➔ privacy during any medical exams or tests; and
- ➔ equal treatment without being judged for their sexual practices.

Too often, EWs are judged, their confidentiality is broken, or they are denied basic medical care. Therefore, we encourage the use of the following code of conduct in your health facility to ensure equal treatment of all patients:

- ➔ I/we will give everyone the same type of medical care, to the highest quality possible at our facility, regardless of their identity or behavior.
- ➔ I/we welcome entertainment workers (EWs) into my/our practice and offer all health services to patients on an equal basis, regardless of sexual behavior, marital status, and other factors not medically relevant.
- ➔ I/we respect the visitation and healthcare decision-making rights of EW patients, their unmarried partners, their children, and any others they may define as family for the purposes of visitation and healthcare decision making.
- ➔ I/we commit to taking steps to make my/our practice fully inclusive to EWs as reflected in written forms, policies and procedures, appropriate training for all clinical and administrative staff, and standardized assessments.
- ➔ I/we commit to taking steps to learn about the unique health concerns of EWs so that I/we can provide the highest quality care to all people.
- ➔ I/we will maintain confidentiality about an individual's identity and/or behavior just as we would keep medical records of any client completely confidential.

Annex A

Information Sheet 8

Code of Conduct for Health Police

Every individual has the right to feel safe and to feel protected. Occasionally, police officers do not deal seriously with crimes reported by entertainment workers (EWs). We encourage all police officers to adopt the following practices to ensure equal treatment of all people. Entertainment workers who report a crime should be treated like anyone else.

In dealing with EW victims of crime and violence:

- ➔ Validate the victim's experience and do not blame the victim.
- ➔ EW victims may have feelings of self-hatred or lack of self-esteem and, therefore, may feel the violence is deserved. It is part of your job to remind the victim that violence is never acceptable.
- ➔ The occupation of the EW should be handled with care. It is important to keep in mind that trauma is being experienced and disclosing her sex work could increase the trauma.
- ➔ If the crime and/or violence committed was due to anti-EW statements, these statements should be included in the report.
- ➔ Don't expect a certain type of behavior from the victim, and do not base your desire to help on how they behave.
- ➔ Remember some basic duties of being a police officer:
 - Seek justice
 - Reestablish a sense of safety
 - Alleviate trauma and support the victim(s)
 - Decrease violence and prevent future incidents
 - Find the perpetrator and hold him or her accountable
 - Empower and comfort local communities affected by the trauma

Annex B –

Stigma Pictures





