

# อนามัยเจริญพันธุ์และสุขภาพทางเพศของกลุ่มสาวเชียร์เบียร์

## Reproductive Health Care in Beer Promoters

บทความวิชาการ

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### บทคัดย่อ

การดำเนินโครงการเพื่อการเข้าถึงบริการด้านอนามัยเจริญพันธุ์ของสาวเชียร์เบียร์ที่อพยพมาทำงานในกรุงเทพมหานคร มีวัตถุประสงค์เพื่อให้สาวเชียร์เบียร์เข้าถึงบริการด้านอนามัยเจริญพันธุ์ ระหว่างปี 2553 - 2554 โดยมีสาวเชียร์เบียร์ และผู้ให้ข้อมูลหลักของสถานบริการด้านสุขภาพอนามัยเจริญพันธุ์เป็นผู้ให้ข้อมูลเพื่อให้ทราบถึงปัจจัยที่มีผลต่อการเข้าถึงบริการด้านอนามัยเจริญพันธุ์ จากข้อมูลที่ได้ดังกล่าวจะนำไปพัฒนาแบบสำรวจด้านการเข้าถึงอนามัยเจริญพันธุ์ของสาวเชียร์เบียร์ต่อไป จากการประเมินพบว่า ลักษณะของงานสาวเชียร์เบียร์ เป็นอุปสรรคต่อการเข้าถึงบริการด้านอนามัยเจริญพันธุ์ ปัจจัยด้านสถานบริการ (ราคา สถานที่ตั้ง สิ่งแวดล้อม เช่น ระยะเวลาการรอคิวการรับบริการ ความสะอาด และการรักษาความลับ) ปัจจัยด้านการให้บริการ (ทัศนคติของเจ้าหน้าที่ เวลาในการเปิดให้บริการ ความสามารถให้ในจ่ายยาที่เหมาะสม) และปัจจัยส่วนบุคคล เช่น ความกลัว ความอาย การขาดความรู้ และการได้รับการสนับสนุนจากครอบครัวและเพื่อนฝูง ควรจัดให้มีบริการด้านอนามัยเจริญพันธุ์ที่เหมาะสม เช่น เพิ่มเวลาในการเปิดคลินิกในตอนเย็นและวันหยุด ราคาการให้บริการที่ย่อมเยา และระบบที่เอื้อต่อการเข้าถึงบริการ เช่น มีการจ้างบุคลากรทางการแพทย์เพิ่มเพื่อลดระยะเวลาการรอรับบริการ จัดหายาที่เหมาะสม จัดคลินิกเคลื่อนที่ ให้สุศึกษาและสร้างเสริมภาวะ สุขภาพ อนามัยเจริญพันธุ์ที่ดี และป้องกันโรคแก่กลุ่มสาวเชียร์เบียร์อพยพต่อไป

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### Abstract

The project was to assess access to sexual and reproductive health services for women who work as beer promoters in Bangkok, Thailand during 2010 to 2011 by identify the factors related to beer promoters and health care services key informants affecting beer promoters' access to health care institutions for reproductive health care. The findings were used to develop a survey for Thai beer promoters. Several common themes were evident. Work demands prevented beer promoters from accessing health care services. Institutional

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factors affecting care included cost, location, environmental factors (e.g. waiting times, cleanliness and confidentiality) and service factors (e.g. staff attitudes, clinic hours, and availability of medications). Personal factors affecting access were shyness and fear, lack of knowledge, and support from family and friends. In Conclusions, the provision of evening and weekend clinic hours to facilitate access, free or low cost clinics, and health insurance through employer or government plans which are easy to access for Beer Promoters. Other improvements that would facilitate the access of beer promoters to these services include increased funding to hire more staff (reducing waiting times) and to stock more needed medications, mobile clinics to come to the workplace or free transportation for beer promoters to the clinics, improved training to reduce health care provider stigma against beer promoters, and public education about the importance of reproductive health care, including preventative services.

**Keywords:** Beer promoters, Sexual health, Reproductive health, Access to health services

## Introduction

In recent years, many young women would have found work in manufacturing, most specifically in the lowest skilled and lowest salaried jobs located at the bottom of global supply chains (Desjardins, 2008). Since the global financial crisis in 2009, however, the manufacturing sector has undergone a rapid decline. In Cambodia alone, where 20 percent of young women were employed in the garment industry, tens of thousands of workers have been laid off or have had their wages and working hours reduced (Bruck, 2009) (Chandararot, 2009). Concomitantly, neo-liberal measures undertaken by national governments have resulted in the erosion of public health and social services and the implementation of a range of user fees, including user fees for health services, that together inhibit access by the most vulnerable, primarily women and children. As Desjardins (Desjardins, 2008; Petchesky, 2003) noted: "Workers in precarious employment, without economic and social entitlements, and without long-term career prospects or equipped with few skills are more vulnerable to risks of unexpected economic downswings, job and wage losses than other workers. The young women who are the focus of this project have left their rural birthplaces to seek

employment in urban settings. Recognizing that their options to make a living at home were few and with the disappearance of many manufacturing jobs, these migrant women work as beer promoters in restaurants, karaoke parlors, and beer shops in the large cities of Southeast Asia. The purpose of the project was to assess the facilitators and barriers to reproductive health care services for this population.

## Background

Beer promoters are employed by beer companies or local establishments to market particular brands of beer to customers. In 2004, the International Labour Organization (ILO) found that in Phnom Penh alone, 24 brands of beer were being promoted in this manner and over 4,000 women worked as beer promoters throughout the Cambodian capital (Bury, 2005). Many companies contract young women based on their appearance, and most compel their workers to wear tight, revealing clothing that many find immodest (Quinn, 2004). Many beer promoters work in whole or in part on commission; therefore, keeping the customers satisfied is essential to maintaining their income. Resultantly, beer promoters contend with daily sexual harassment and with frequent demands to

drink with their customers. In one survey, 15 percent of respondents reported being asked by their employer to engage in sexual relations with a customer (Quinn, 2004). In some Southeast Asian countries, beer promoters are categorized as “indirect sex workers,” and in Thailand, public discourse generally stigmatizes the work of beer promoters, relegating them to the category of “bad girl” (Bury, 2005; Quinn, 2004). While the prevalence of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) is declining globally, it still remains a significant risk for beer promoters throughout South-East Asia. According to the Joint United Nations program on HIV/AIDS (UNAIDS) in Thailand the prevalence of HIV amongst indirect female sex workers, is 1.7 percent (2009 data). With rising rates of sexual activity amongst youth, there are significant risks of HIV spread. Access of beer promoters to sexual and reproductive health care services was deemed an important priority at an October 2009 research meeting of academics, government and non-governmental organization (NGO) staff, beer industry representatives, and beer promoters from Cambodia, Laos, Thailand, and Vietnam and was subsequently confirmed by focus groups with beer promoters (Webber, 2010). Lack of time to access services, cost and availability of services, health care provider stigma, and shyness of the beer promoters were all factors impacting on access to reproductive health care services for these women. Gaining access to primary health care services, including sexual and reproductive health care, is complex. Wellstood and colleagues (Wellstood, 2004) have written how access to primary health care is dependent on individual characteristics of the user such as income, age, gender, and level of need, as well as system characteristics and the policy environment. In their analysis, economic factors, geography, availability of services, and socio-cultural issues are all key elements

of access. The project has attempted to identify the individual, system, and policy factors impacting access to sexual and reproductive health care services for migrant beer promoters in Thailand.

### Health behaviors

The women commonly reported having sex outside of their primary relationship. While only few admitted to frequent sexual relations outside of their primary relationship (more than once per month), a further more than one third stated they had extramarital sex at least once per year. Sex work and drinking beer with clients were uncommon in Thai beer promoters. Moreover, only few had had an abortion at some point in their lives. About one third of the beer promoters reported that they “sometimes” or “often” knew or suspected that they had a sexually transmitted infection Injection drug use was uncommon in all among Beer Promoters. When questioned if their work as beer promoters provided enough money to live on about one fifth stated that it “never enough”.

### Barriers and facilitators to accessing sexual and reproductive health services

The potential barriers or facilitators to accessing sexual and reproductive health care services for beer promoters can be categorized under three major conceptual structures: institutional factors, work factors, and personal factors.

#### Institutional factors

There were several key factors that were common barriers preventing access for beer promoters to the institutions providing sexual and reproductive health care services, include financial barriers, location/transportation issues, the environment of the institution, and service factors.

### Financial barriers and health care insurance

Cost of the health care services was an important issue for these beer promoters as their financial resources were often stretched very thin. Most of them stated that cost was a very important factor in choice of health care institution. One third to one half could not afford to go to the health care institution that they preferred. The location of the health care institution is often a key factor to whether or not beer promoters decide to access the services. Many beer promoters chose to seek care in institutions that are close to home as they are hesitant to spend money on transportation.

In summary, the environment of the health care institution affects access of beer promoters to reproductive health care services. In particular, waiting times, cleanliness and confidentiality are important factors to these women.

### Service factors

There are several factors related to the service provided by the health care institutions that have an important impact on access to sexual and reproductive health care services for these women. One of the most significant was the friendliness and attitudes of the health care providers. More than 85 percent of the beer promoters felt that friendliness of the providers was an important issue. A minority of beer promoters agreed that they had been treated badly by health care providers in the past. It was not unusual to be shouted at, or treated with disrespect by health care providers. Some of the beer promoters perceived this was worse if they were dressed in their working clothes, as the health care providers stigmatized them for their work and their lower social status. Thus staff attitudes, clinic opening times, and medication availability can act barriers or a facilitators for beer promoters to access sexual and reproductive health care services. Another potential facilitator of

service access is incentives to attract beer promoters. In addition to these institutional factors, however, the challenge of taking time off from work impacted on beer promoters access to health care services.

### Work factors

One of the most common barriers to accessing reproductive health care services for beer promoters reported by both beer promoters and key informants was lack of time. Over one third agreed that they could not get time off of work to access health care. They were discouraged by their employers to take time away from work in order to seek health care. Thus in general, time was an important factor associated with work that limited beer promoters to access sexual and reproductive health care services. There was not universal agreement about this, but for many beer promoters, taking time off of work for their health was not encouraged by their employers. Many also did not want to lose income by taking off time from work to seek health care services.

### Personal factors

There were several personal factors that beer promoters from rural areas experienced that affecting their willingness to seek sexual and reproductive health care services. These can be characterized as shyness and fears, lack of knowledge, and support from family and friends. They avoided getting reproductive health care services because they were "shy". Thus shyness and fears of examination and being recognized by others are common themes amongst the beer promoters. Another significant personal factor affecting their access to reproductive health care is lack of knowledge. Beer promoters lack knowledge of both their sexual and reproductive health needs and the services available to them. This is sometimes a barrier in accessing health care

services. Key informants are particularly aware of this knowledge gap.

### Public Policy Enforcement

One of the most important considerations at a policy level is to improve access to health care insurance. Either government or employer health care insurance, available from their community of residence not birth, would ensure that women have access to health care services when they need it. Other solutions require a more location-specific approach such as building clinics close to the workplace of beer promoters or providing mobile clinics that beer promoters can access easily. Improving access to health care institutions will require a recognition by the management of these institutions of the importance of serving this population of women and eliminating barriers preventing them from accessing service. Reducing waiting times for working women, ensuring space within the institution for confidential discussions and teaching health care providers the importance of confidentiality, keeping the clinic area clean, and particularly improving health care providers attitudes. Reducing the stigma they experience when accessing health care are universal issues to be addressed by health care institutions. Addressing these issues would improve health care access for all users, not just beer promoters. In addition to policy changes and institutional improvements, there is a need to enforce the human rights of these workers in having time off from work to access health care services as needed. Finally, public health education campaigns targeting migrant workers and their sexual partners may help to improve understanding of the need for and availability of health care services.

### Conclusions

Clearly, improving access to health care services for this population of women will require a multiple intervention approach, tackling factors both within and outside the health care system, at both institutional and personal levels. While the situation for beer promoters has unique features, all of these women experience barriers to accessing sexual and reproductive health care services. It is our hope that local governments, employers and health care institutions will adopt some of these solutions to improve access and ultimately the sexual and reproductive health care status of these rural-to-urban migrant workers.

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