Sewing for a Brighter Future Project Evaluation Report 2012

Sewing for a Brighter Future Project

CARE International in Cambodia

August 2012



**Sewing for a Brighter Future Project**

**PROJECT EVALUATION REPORT**

**August 2012**

**CARE INTERNATIONAL IN CAMBODIA**

P.O Box 537

No. 6, Street 446, Sangkat Toul Tompoung, Khan Chamkarmon

Phnom Penh, Cambodia

Tel: (855) 023 215 267/8/9, Fax: (855) 023 426 233

E-mail: [care.cam@care-cambodia.org](mailto:care.cam@care-cambodia.org)

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# Acronyms

CBCA Cambodia Business Coalition on AIDS

CWPD Cambodian Women for Peace and Development

FGD Focus Group Discussion

GFW Garment Factory Worker

HIV/AIDS Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

HH Household

KII Key Informant Interview

LS & Co Levi Strauss and Company

LSF Levi Strauss Foundation

MoLVT Ministry of Labor and Vocational Training

MSG Mutual Support Group

RHAC Reproductive Health Association of Cambodia

SBF Sewing for a Brighter Future

STD/STI Sexually Transmitted Disease/Sexually Transmitted Infection

UNFPA United Nations Population Fund

USAID United States Agency for International Development

USD United States Dollar

# Executive Summary

**The Garment Industry in Cambodia**

Cambodia’s garment industry employs over 300,000 workers, many who are young female migrants from rural areas who work in factories located in urban areas. They are often inexperienced, have little education, and have limited social support in their new environment. Many do not understand their rights under Cambodian labor law which can leave them vulnerable to exploitation. Furthermore, a large number of young women workers become sexually active at this time in their lives yet they may lack the knowledge and skills to deal with reproductive health issues, peer pressure, sexual relationships, sexual assault and other rights abuses.

The impact of the global economic crisis in 2008 resulted in layoffs of over 70,000 garment factory workers (GFWs) in Cambodia, and many GFWs reportedly found employment in high risk entertainment establishments. Though declining, Cambodia’s high HIV/AIDS prevalence rate highlights the importance of sexual and reproductive health education for GFWs. In addition, most GFWs are not registered as residents of Phnom Penh and are unable to access financial services. This can lead to borrowing money and taking out high interest loans to meet expenses, which places them at risk of debt. Many GFWs face pressure to send a proportion of their monthly income to support their families, and can adopt negative coping strategies to meet their financial obligations.

**The Sewing for a Brighter Future Project**

CARE International in Cambodia has worked with garment factory workers since 1998 in the areas of sexual and reproductive health, HIV/AIDS prevention, life skills training as well as providing social support and heath information through different projects funded by UNFPA, USAID and the Levi Strauss Foundation. Since July 2005, the Levi Strauss Foundation has funded activities in 5 factories as part of the Sewing for a Brighter Future (SBF) project. The second phase of the SBF project began in January 2010 in 5 Levi Strauss & Company (LS & Co) supplier factories and in 2011 this was expanded to include 3 additional factories.

The SBF project aims to increase access to sexual and reproductive health and HIV/AIDS information, as well as to improve access to and use of financial services, health insurance and other social protection services. The project also aims to improve garment factory worker’s knowledge of working conditions and rights under Cambodian labor law and has supported partners in developing responsive transition strategies for workers facing redundancy. The SBF project has continued to support local NGO partners to build a network of peer educators and run peer education programs in the eight factories.

This evaluation report presents information collected and analyzed from GFWs based on the “Sewing for a Brighter Future project” interventions, and is intended to measure the success of the project and its objectives, as well as to serve as a document for further discussion on future strategies and activities in factories and with GFWs. Two hundred and four GFWs were interviewed, and six Focus Group Discussions (FGD) were held on health, savings and working conditions, two FGDs were conducted with HIV/AIDS Committees and four factory Administration and Human Resource (Admin/HR) staff were interviewed, across all eight factories during December 2011.

**Key Findings, Conclusions and Recommendations**

Key findings and recommendations are **highlighted**.

Information in this survey was compared with a baseline survey carried out in 2010[[1]](#footnote-1). The GFWs interviewed at the evaluation stage are slightly older, with two-thirds between the ages of 25 and 29 years, and 50% are married compared to only 25% who were married in 2010. More GFWs now have more years of education with 64% having studied at Grades 7 to 9 or higher compared to 46% at the baseline. A higher percentage (39%) of GFWs received vocational training prior to their current job at the factory, up from only 10% at the baseline. About half had some work experience before joining their current job, similar to the baseline figures, while 50% have worked more than 3 years in their current job compared to only 31% at baseline. These all point to a slightly older, more experienced, trained and educated garment factory work force. In addition, with a higher percentage of married GFWs, **reproductive, maternal and child health are increasingly important issues for GFWs’ overall well-being and for the factory for their workforce**.

**Employment and Worker’s Rights**

Almost 90% of GFWs have formal employment contracts compared to 70% at the baseline, a positive sign which could be attributed to the project’s interventions regarding the importance of worker’s rights and employment contacts. Fewer workers (29%) stated they received the same payment for the duration of their employment, down from 46% at the baseline. This may be partly due to the normal fluctuations of monthly wages based on production and output as well as the minimum wage being increased to USD 61 for regular workers from June 2010[[2]](#footnote-2).

FGDs on working conditions revealed varying levels of understanding regarding leave entitlements under the law and with factory compliance. Some workers had only limited understanding of annual and holiday leave days while others were able to clearly articulate the number of annual leave days based on length of employment, special leave days per year, sick leave entitlements with medical certificate and holiday entitlements. **Understanding of the labor law and workers’ rights by workers seemed to vary according to factory** and some expressed interest in gaining more knowledge in this area.

Trade unions and line leaders were the main sources of assistance for about two-thirds of GFWs when they faced different problems at the factory, while supervisors are also seen as sources of guidance in cases of difficulties. Fewer GFWs left their previous jobs due to layoffs or personal problems, and almost all received some type of monetary or other support compared to only half of the GFWs at the baseline. This is a positive sign **that garment factories may be providing departing workers with more information on work options** as part of the factory redundancy and layoff plans, which is in accordance with labor laws.

If faced with redundancy, one-third of GFWs said they would return home, one-third said they would look another factory job or change their job, while another one-third gave a variety of answers. Significantly, about one in four GFWs said they would seek out vocational training skills, which may be an indication that **they are more aware of various training options** available as well as having the confidence and resources to pursue different options beyond factory work.

**Income, Expenses and Health Care**

GFWs reported significantly higher monthly family or household (HH) incomes with 61% reporting monthly incomes of greater than USD 201 compared to only 32% at the baseline. The increases are due to minimum wage increases and new regulations on allowances, as well as perhaps increased production and output due to worker capacity and experience as well as the upturn in the garment industry in the last two years. However **fewer GFWs were able to save money**, with only one-third saving in the past 6 months compared to 56% at the baseline. Significantly **more GFWs are saving money in formal financial institutions**, almost 40% compared to only 1% at the baseline, which can be attributed to the success of the SBF project in promoting savings in banks and credit unions.

Unfortunately over one-third of GFWs still said their HH expenses exceeded their monthly income, and the pattern of spending more than earning is still a potential problem for some GFWs who may become trapped in a cycle of debt, relying on borrowing money and taking high interest loans from others. Over two-thirds of GFWs send money home to their family on a regular basis; and while the vast majority still relies on informal cash transfer systems, 15% of GFWs are now using formal financial institutions which can be directly attributed to SBF project interventions. The project may wish to include **more awareness and education on financial literacy and budget management**.

Overall **GFWs are spending more money per month on health care**, about twice as much as at the baseline. Almost all spend their own money while no-one said they had health insurance, unlike at the baseline, as health insurance promotion project activities were discontinued in 2011 due to government plans to introduce a national health insurance program with links to the National Social Security Fund in 2012[[3]](#footnote-3). At the same time, there has been a threefold increase of GFWs seeking healthcare treatment at government health clinics (66% against 23%), compared with options such as private clinics, pharmacies, NGO-run clinics, and factory health clinics. This overall increase in positive health seeking behavior can be attributed to **GFWs having increased knowledge of health issues and health care options** as well as the strong referral system with the Health Centers developed through the project interventions. The increase in health care visits may be the reason for a rise in health care expenses, **reinforcing the importance of** **health insurance** for GFWs to help alleviate rising health care costs and expenses.

**Condoms, Birth Control and Reproductive Health**

More GFWs had heard of different types of contraception, with knowledge of condoms as a family planning method almost doubling to 90%. Over one-third of GFWs reported using some form of birth control; with condom use tripling to 28%. There seems to be greater awareness of, and access to, government health centers as providers of contraception, as compared to private and NGO clinics, particularly for women as revealed in FGDs on health. Men tended to receive their information from Peer Educators, Mutual Support Groups, and NGOs and focused on access to condoms only at locations such as pharmacies, clinics, health centers and NGOs. This is testimony to the effectiveness of the SBF project in **increasing awareness of various family planning methods** as part of the reproductive health component but also underscores the differences between men and women’s preferred sources and access to reproductive health information and services.

Virtually all GFWs know that condoms should only to be used once in order to be effective, while more than half can describe the proper way to put on and use a condom**, a significant increase in the knowledge and practical application of correct condom use** from 20% recorded at the baseline. Furthermore four in five GFWs had received information on condom use from NGO staff (51%) and Peer Educators (50%) the most common sources of information. The SBF project intervention of **using Peer Educators is a very successful strategy** in spreading information among GFWs.

**STDs, HIV and Sexual Health**

While awareness of STDs is almost universal with GFWs, there has been little overall change in the percentage of GFWs with knowledge of Syphilis, Gonorrhea and AIDS. Awareness of genital warts and herpes has doubled to around 15%, however this is still a very low figure. While there has been a reduction (from 38% to 14%) in GFWs not knowing of any signs and symptoms of STDs requiring treatment, more than one-third is unable to recognize these. This is an indication that **more information on sexual and reproductive health is needed** to ensure GFWs are informed and able to protect themselves from STDs.

Knowledge of HIV transmission by having unprotected sex with someone infected is universal and has increased to 71% and 56% for understanding infection from sharing needles and blood transfusions respectively. Though also showing an increase, **only one in four GFWs know that HIV can be transmitted through mother-to-child and breastfeeding, signaling more awareness-raising is needed** in this area.

GFWs knowledge of STD prevention is still much lower that their knowledge of prevention of HIV, and one in five GFWs still do not know any methods of prevention of STDs compared to less than 1% who do not know any prevention methods for HIV. This signifies there is still **a gap in information regarding sexual health and STDs** and prevention methods, which could be addressed in future SBF project activities and interventions.

Overall the GFWs’ replies reveal an increase in their knowledge of risky behaviors and prevention methods, as well as a decrease in misconceptions about HIV and STD transmission. Furthermore, GFWs have a better understanding that condoms are an effective method of prevention of HIV infection and STDs.

**Nutrition, Maternal Health and Hygiene**

Over 90% of GFWs were able to identify two important food groups - fruit/vegetables and meat/fish/eggs - while more than two-thirds reported eating three different food groups at every meal, including fish/meat/eggs, fruit/vegetables and fats/oils/sugars. Few GFWs knew of or consumed dairy on a regular basis. Two-thirds of GFWs stated that **the greatest obstacle to eating a well balanced diet is cost**, so it is important for the project to continue to stress the importance of good nutrition and perhaps emphasize the hidden costs of poor nutrition such as increased health care expenses, loss of wages due to absences when sick and lower productivity due to illness.

Three-quarters of GFWs know that missing a menstrual cycle is one of the first signs of pregnancy, while 85% mentioned that pregnant women should have their first ante-natal care visit in their first month and almost 90% stated that government health centers are safe places for women to receive ante-natal care. GFWs are **clearly demonstrating knowledge of proper ante-natal care visits** to ensure both mother and child are healthy.

While four out of five GFWs know that breast milk is the best food for babies under six months of age, 20% mentioned other foods. This is of some concern as poor feeding practices can lead to serious diarrhea and malnutrition in infants. **More information and awareness of proper infant and child nutrition and feeding practices** would be beneficial for women, their children and families.

Four out of five GFWs know that washing hands before eating food is a good hygiene practice, yet less than half mentioned washing hands after using the toilet, less than one-third mentioned hand washing before preparing and cooking food and only 3% noted washing their hands after changing a baby’s nappy. Furthermore, three out of five GFWs felt that food vendors at nearby garment factories did not have clean utensils. As many GFWs purchase their meals from them, this puts them at risk of illness, absences at work and loss of wages due to poor hygiene practices. **Hygiene and proper hand washing should continue to be stressed** as an important component of the health and nutrition education sessions, for both health and economic reasons.

Finally, should time and resources be available, it may be beneficial and insightful for the SBF project to **further disaggregate, compare, analyze and report survey findings** based on selected age bands, marital status as well as between men and women, to further inform and target project interventions and program activities.

# Introduction

## 1.1 The Garment Industry in Cambodia

Cambodia’s garment industry employs over 300,000 workers, many of whom are young female migrants from rural areas who work in factories in urban areas. For most of these young women, it is the first time they have lived away from their family. They are often inexperienced, in work, skills and relationships, and many have little or no social support in their new environment. Their life experience frequently does not prepare them to deal with the many difficulties and risks of living and working in cities.

Many garment workers do not understand their rights and responsibilities under Cambodian labor law. This leaves them potentially vulnerable to exploitation as they do not have sufficient information to protect themselves from abusive situations. In addition, a large number of young women become sexually active for the first time when they are away from their homes. However often they lack the knowledge and skills to cope with peer pressure, deal with sexual relationships, or report sexual assault and other rights abuses.

The global economic recession in 2008 and 2009 had a huge impact on the garment industry in Cambodia and over 70,000 factory workers were laid off work. The impact was overwhelmingly felt by this vulnerable group and their families, as demand for their labor decreased and limited opportunities for unskilled workers exist in other sectors. There is anecdotal evidence that many of these displaced workers found employment in high risk entertainment establishments[[4]](#footnote-4); for example, in karaoke bars or as beer promoters. Though declining, Cambodia has a high HIV/AIDS prevalence rate compared to other countries in Asia, further highlighting the importance of sexual and reproductive health education as a priority issue for female garment workers.

Most garment workers are not registered as residents of Phnom Penh and are therefore unable to access formal financial services. Without village registration and identification cards, they are not able to use banking services or other mechanisms to transfer money safely. This can lead to the practice of borrowing money from informal sources at high interest rates, with associated risks of late repayments and increased debt. Many workers are the main wage earner in their family and face pressure to send a proportion of their monthly income to support their family in their rural hometowns.

## 1.2 The Sewing for a Brighter Future Project

CARE International in Cambodia has worked with garment factory workers since 1998 in the areas of sexual and reproductive health, HIV/AIDS prevention, life skills training as well as providing social support and heath information through different projects funded by UNFPA, USAID and the Levi Strauss Foundation. These projects were implemented in 45 garment factories, reaching as many as 100,000 garment factory workers. Since July 2005, the Levi Straus Foundation has funded the Sewing for a Brighter Future project in five factories.

The second phase of the Sewing for a Brighter Future (SBF) project began in January 2010 in five Levi Strauss & Company supplier factories and then in 2011 expanded to three additional factories. The aim is to increase access to sexual and reproductive health and HIV/AIDS information, to improve access to and use of financial services, health insurance and other social protection services. The project has continued to support local NGO partners to build a network of peer educators and run peer education programs in the eight factories. The project also aims to improve garment factory worker’s knowledge of working conditions and rights under Cambodian labor law and through experience from other projects funded by the Levi Strauss Foundation. The project also supports partners in developing responsive transition strategies for workers facing redundancy.

The SBF project has worked to consolidate and strengthen successful models and establish relationships, while expanding interventions to respond to changing dynamics in the operating environment. In particular, there is a need to bolster the capacity of GFWs to protect themselves from risks associated with alternative work streams (noted above) and to ensure that workers receive guidance and support in the face of redundancy on alternative employment options and retraining opportunities.

CARE has built upon excellent relationships established with key decision makers. These include the SAFE (Strengthening Activity for Factory Education) Working Group, GMAC (the Garment Manufacturing Association of Cambodia) and the Ministry of Labor and Vocational Training (MoLVT), as well as CARE’s implementing partners, namely Cambodian Women for Peace and Development (CWPD), Cambodian Business Coalition on AIDS (CBCA), Groupe de Recherche et d’Echanges Technologiques (GRET), CMK (Credit Mutuel Kampuchea, formerly CMSC – Cambodia Mutual Savings and Credit Network), WING Cambodia, and Marie Stopes International.

The SBF Project objectives are:

1. To ensure that GFWs have increased knowledge, access and use of health services, including sexual and reproductive health and health insurance
2. To ensure that GFWs have increased knowledge, access and use of financial services including savings and remittances
3. To improve working conditions in targeted factories, through GFWs and factory managers having greater understanding of Cambodian labor laws
4. To ensure that GFWs have increased opportunities for safer work transitions.

## 1.3 Purpose of the Evaluation

The purpose of the evaluation is to assess the knowledge, attitudes and health-seeking behavior of GFWs as well as assess the accessibility and the utilization of health services. The evaluation also aims to assess the knowledge, accessibility and use of financial services including saving and remittances, assess GFWs’ knowledge on transition strategy and workers rights, assess GFWs working conditions in targeted factories against Cambodian labor laws and assess the opportunities for safe work transitions.

This report presents information collected and analyzed from garment workers based on the “Sewing for a Brighter Future project” interventions, and is intended to measure the success of the project and its objectives, as well as to serve as a document for further discussion on future strategies and activities with garment factory workers.

# Survey Approach

## Methods

Both quantitative and qualitative methods were used for this evaluation. Quantitative methods were used to collect data from a survey of garment factory workers while qualitative methods were used in obtaining data through Focus Group Discussions (FGD) and Key Informant Interviews (KII) with garment factory workers, factory committees and factory administration staff.

## Survey Sample

The survey sample was taken from garment factory workers, both men and women, who are the targeted beneficiaries, in the participating factories. A representative sample was used ensuring all participating factories with their 16,000 workers were included. The minimum sample size was estimated to be around 200 GFWs, with 160 women and 40 men. In the end, a total of 204 GFWs were interviewed, providing a 95% confidence interval. The sample number of GFWs was selected proportionally to take into account the different totals of GFWs in each factory. Therefore, each factory had a different number of GFWs participating in the survey.

## Survey Tools

### 2.3.1 Quantitative Survey

The quantitative survey was conducted with GFWs individually in the targeted factories. A questionnaire was designed to capture the following information:

* Demographic Information
* Transition Strategy and Workers’ Rights
* Income and Expenses
* Remittances
* Reproductive Health Knowledge and Use
* Knowledge and Use of Condoms
* Knowledge of Sexually Transmitted Diseases and AIDS
* Knowledge of Risky Behaviors

### 2.3.2 Qualitative Surveys

**a) Key Informant Interviews:**

Interviews with key persons were conducted with factory administration staff in targeted factories. The interviews explored the following information through guided questions:

* Process of recruitment of GFWs
* Challenges in hiring the GFWs and challenges in providing support to GFWs
* Type of support need by manger/supervisor for supporting GFWs
* Code of conduct, policy and safe employment protocols followed by manager/supervisor
* Challenges for having policy and safe employment protocols for GFWs
* Benefits provided to GFWs in case of redundancy
* Support needed by managers/supervisors to enable smooth managing of GFWs

### 

**b) Focus Group Discussions**

FGDs were conducted with GFWs, Mutual Support Groups and HIV/AIDS Committees. Four types of FGDs were conducted to explore the four areas of interventions separately on ***Health, Saving, Working Conditions and Function of HIV/AIDS Committee***. In total, 8 FGDs in 7 different factories were conducted consisting of 2 FGDs on Health (6 women and 7 men), 2 FGDs on Savings (6 women and 7 women), 2 FGDs on Working Conditions (7 women and 7 women) and 2 FGDs with HIV/AIDS Committees (7 persons and 7 persons).

* FGDs on ***Health*** explored information related to 1) Knowledge of family planning, condom use, STDs, HIV/AIDS and risky behavior and 2) Attitude and behavior toward family planning, condom use, sexual transmitted diseases, HIV/AIDS and risky behavior.
* FGDs on ***Saving***explored information related to 1) Financial literacy including savings and safe sending remittances, and 2) Access to savings and safe sending of remittances services (MFI or bank).
* FGDs on ***Working Conditions*** explored information related to 1) Knowledge of better working conditions and 2) Activities supported to GFWs on working conditions
* FGDs on ***Function of HIV/AIDS Committees*** explored information related to 1) Knowledge of HIV/AIDS prevention and HIV/AIDS policy in workplace and 2) Functioning of workplace HIV/AIDS committees.

## Data Collection

The SBF Project Manager and Project Cycle Management Team conducted a training session over three days from December 5-7, 2011 with 14 interviewers and 6 field supervisors. The training aimed to improve the knowledge and skills of interviewers in the use of the questionnaires, interview techniques, communication skills, and ethical issues related to research and field practice. For the qualitative methods, trainings on the objectives, framework, interview guides and facilitation skills including listening, observation, note taking and probing skills were held with 14 interviewers.

The GFWs survey with 204 participants took place over a 5 day period from December 12-16 with 14 data collectors. Each data collector interviewed 3 GFWs per day. The interviews were conducted in the evenings after working hours.

FGDs and KIIs were conducted over 2 days on 27 and 29 December 2011 at the garment factory sites. KIIs were administered by 2 data collectors with 4 factory administration staff in 2 factories. Six FGDs with 40 GFWs (33 women and 7 men) were conducted by 6 data collectors in 6 factories and 2 FGDs with HIV/AIDS Committees (14 persons) in 2 factories were interviewed by 4 data collectors.

## Data Processing and Analysis

Quantitative datawas entered into the CARE database system in Microsoft Access format and data manipulation used Microsoft Office and SPSS. Initial data analysis was conducted using SPSS and descriptive analysis was performed for all variables. Qualitative data from theFGDs were transcribed verbatim and field notes were written immediately after the interviews. Thematic analysis was used to analyze the qualitative data, and to provide additional descriptions in relation to the findings from the quantitative survey.

## 2.6 Limitations and Challenges

The questionnaire administered to the GFWs at the evaluation included a new section (Section 8) on Nutrition, Maternal and Child Health and Hygiene Knowledge and Practice, which was not included as part of the baseline survey conducted in April 2010. The new Section 8 is intended to provide information for future program activities therefore comparisons and measures of progress against the baseline survey data are not possible for this particular section.

Individual case studies with garment factory workers were not conducted as originally planned due to time and resource constraints. Only 2 KIIs were conducted with 4 factory Admin/HR staff in 2 factories against the planned 8 KIIs with 16 factory Admin/HR staff in 8 factories, also due to budget and personnel constraints. The results of only 1 KII with 2 factory Admin/HR staff were translated into English and incorporated into this evaluation report.

# Key Findings

## 3.1. Demographic Information

### 3.1.1. Age and Marital status

The graphs below show the age and marital status of the GFWs surveyed. In comparison with the baseline survey (which found approximately one-third of GFWs spread evenly across the three different age groups of 18-20 years, 21-24 years and 25-29 years) this survey found that only 6% of the GFWs are between the ages of 18 and 20, while 23% are between the ages of 21-24 and 66% are between the ages of 25-29 years. This may be an indication that GFWs are staying longer in their factory jobs, meaning fewer younger women (and men) are being hired.

Figure 1: Age Group at Evaluation (N=204)

Figure 2: Age Group at Baseline (N=125)

There is a significant difference in the marital status of GFWs surveyed at the baseline and the evaluation, with an equal number of single and married GFWs (50%) at the evaluation compared to 75% single GFWs at the baseline. This may be a reflection of the slightly older age of GFWs at the evaluation compared to baseline and that married women are staying on in their jobs and not leaving when they get married. It would be interesting to learn whether there is an overall trend in the garment industry, of an increase in older, married women being employed compared to younger single women, or just in Levi supplier factories.

Figure 3: Marital Status at Evaluation (N=204)

Figure 4: Marital Status at Baseline (N=125)

### 3.1.2. Education Level

The GFWs surveyed at the time of the evaluation had higher levels of education, with 14% having studied at Grade 10 or higher compared to only 4% at the baseline and 50% having studied at Grades 7 to 9 compared to 42% at the baseline. Furthermore, while 46% of GFWs had only studied at Grades 4 to 6 at the baseline, this had decreased to 29% at the evaluation. This may indicate that girls are staying longer in school before entering the workforce, which is a positive sign in terms of girls having more education and Cambodia progressing towards its Education For All goals. The latest government figures show that the net enrollment rates (NER) for primary, lower and upper secondary schools have improved over the last five years from 2005-06 to 2009-10 while the “survival rate” of female students from Grades 1 to 6 and Grades 1 to 9 have increased significantly from 48.9% to 63.8% to and from 24.3% to 37.9% respectively during the same period.[[5]](#footnote-5)

Figure 5: Highest Grade Level attained at Figure 6: Highest Grade Level attained at

Evaluation (N=204) Baseline (N=125)

### 3.1.3. Province of origin

Figure 7: Province of Origin at Evaluation (N=204)

One-third of the GFWs surveyed at the evaluation were from Kandal province, an increase from 25% at the baseline survey. This high percentage of GFWs from Kandal province is largely due to the fact that 75% of the workforce from the largest factory surveyed, which represented more than 25% of surveyed GFWs, is from Kandal province. The neighboring provinces of Kampong Speu and Takeo accounted for 15% and 14% of the workforce respectively, with Kampong Cham (10%) and Prey Veng (8%) also sources of female migrant workers.

### 3.1.4. Productive members in the household

The average household (HH) size was 6 persons with slightly more females than males recorded per family, similar to the baseline survey. More females than males were reported as earning income, a 2 to 1.4 ratio compared to a 2 to 1 ratio in the baseline survey, which may reflect the predominantly female workforce in the garment industry in Cambodia. This data supports other studies where girls and young women were found to leave school at an earlier age to find work and help support the family, while male family members continued their studies in school.

Figure 8: Average HH size and Income Earners at Evaluation (N=204)

## 3.2. Transition Strategy and Worker’s Rights

### 3.2.1. Status of Current employment

There appears to be an increase in the percentage of workers with formal employment contracts (88%) and those who have signed contracts before they started work (82%) at the time of the evaluation as compared to the baseline survey (70% and 66% respectively). This could be attributed to the project’s interventions with workers and factory management regarding the importance of worker’s rights and employment contacts. Interviews with factory administration staff also revealed that employment terms and conditions are included in the formal application form and reviewed with all new employees before they are assigned to a group. This is a positive result for both workers and the factory with regards to compliance with and understanding of worker’s rights and employment conditions under the Cambodia labor law.

FGDs with workers in 2 factories confirmed that most workers had employment books, labor contracts and supplied legal documents such as family books, ID cards and birth certificates when applying for employment at the factory. Everyone received support from the factory administration to complete the documentation necessary for the application process. Participants however had varying levels of understanding regarding the importance of such documents, with most responding only that the factory needed to determine whether they were 18 years of age or older in order to be eligible for employment. Some responded that this was to ensure that the factory was complying with labor laws while others responded that the factory needed to know how to contact family members in case of an emergency.

Virtually all GFWs interviewed at both the evaluation and baseline received an orientation to their work when they joined the factory. Factory administration staff explained that orientation is provided to all new employees and includes such topics as wages, overtime, working hours, ID cards as well as rules and regulations of the factory and production process. FGDs with GFWs revealed that almost all of the workers were recruited for their current job through their immediate family members or relatives working at the factory.

Table 1: Employment Conditions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Baseline 2010 (N=125)** | | **Evaluation 2011 (N=204)** | |
|  | N | Percent | N | Percent |
| Have CV | 95 | 76% | N/A | N/A |
| Have employment book | N/A | N/A | 168 | 83% |
| Have formal contact with factory | 87 | 70% | 180 | 88% |
| Sign contract before working | 82 | 66% | 168 | 82% |
| Same payment across working month | 57 | 46% | 58 | 29% |
| Received orientation when joined the factory | 118 | 94% | 194 | 96% |

Fewer workers (29%) at the time of the evaluation stated they received the same payment for the duration of their employment, compared to 46% at the baseline survey. This may be partly due to the normal fluctuations of monthly wages based on production and output as well as that the minimum wage being increased to USD 61 for regular workers in June 2010.[[6]](#footnote-6) In addition, almost half of GFWs surveyed at the evaluation had been working for more than 36 months compared to only 31% at baseline, noting that a wage supplement went into effect in March 2011 that provides seniority bonuses, attendance bonuses and overtime meal allowances to workers, which could also inflate the figures for earnings for the surveyed group.[[7]](#footnote-7) Overall more GFWs surveyed at the baseline had worked for less than 1 year (24%) compared to at the evaluation (11%), perhaps reflecting a surge in new hires in 2010 after the economic crisis in 2008 and 2009, consistent with wider industry data.

Figure 9: Length of time in current job at Evaluation (N=204)

Figure 10: Length of time in current job at Baseline (N=125)

The FGD conducted in one factory revealed that workers normally worked 8 hours per day with an additional 2 hours of overtime, for a total of 10 hours per day. In another factory it was found that workers typically worked between 10 and 12 hours per day, with 2 hours overtime. All claimed that they were not forced to work overtime but chose to do so voluntarily. FGDs with workers revealed varying levels of understanding regarding leave entitlements under law and factory compliance. Almost all workers knew they were entitled to one day off per week, holidays, maternity leave, sick leave days with a medical certificate, some annual leave days and special leave days. However many workers mentioned they often worked on holidays or did not take annual leave as they received less overtime payment. Some workers had only a limited understanding of annual and holiday leave days while others were able to clearly articulate the number of annual leave days based on length of employment, special leave days per year, sick leave entitlements with medical certificate and holiday entitlements. Understanding of the labor law and workers’ rights by workers seemed to vary according to factory and some expressed interest in gaining more knowledge in this area.

At the time of the evaluation, workers were asked who helps them when they have a problem at work. Two-thirds of the workers responded that trade unions and line leaders were the main sources of assistance when they had problems, which perhaps reflects the different types of problems encountered. About one in four (or 28%) sought assistance from factory HR/Admin staff while 10% relied on Mutual Support Groups (MSG). When asked what type of support was provided to workers, factory administration staff only mentioned bonuses and monetary incentives. At the same time they explained that challenges faced included that workers were envious of each other, especially when the less hard working GFWs received the same daily bonuses as harder working employees, based on overall line production.

Almost all workers were able to explain their wages including basic salary (USD 61 per month), attendance bonus, food allowance and overtime payments based on the number of hours worked each month. FGDs with workers revealed that sometimes their monthly wage payments were not calculated properly or the number of hours worked was less than they actually worked. When these problems occurred, workers informed their line leader who then contacted administration to rectify the wage issue. In these cases, line leaders play a key role in helping workers solve any wage related problems. Worker representatives were also involved in settling disputes that involved many workers or when the line leader, administration or factory management could not solve the problem themselves. In this case the representative or trade union became involved with factory management, the Ministry of Labor and in serious cases, the arbitration council or court. Workers viewed their representative or labor/trade union as a source of support when faced with problems they could not solve directly with their line leader.

Figure 11: Support in problem solving at work (N=204)

Relationships with supervisors are a key element to creating a positive and productive work environment for garment factory workers. At the time of the evaluation, the majority of workers (59%) reported that their supervisors provided guidance when they faced difficulties, which is less than the 70% reported at the baseline. Weekly meetings between supervisors and workers increased from 9% at the baseline to 25% at the evaluation, while supervisors regularly checking the quality of output decreased from 30% to 15%. These results are perhaps an indication of increased levels of communication through more formally established mechanisms such as regular meetings between supervisors and workers, which is aimed at improving the quality and quantity of production through regular dissemination activities, rather than relying on random spot checks to solve problems.

Figure 12: Type of support from supervisor (N=204)

### 3.2.2. Experience before current job

While 77% of the GFWs had heard of or knew of vocational training, only two in five (39%) workers had received such training prior to their current job at the factory; this is a reasonable increase from only 10% of workers at the baseline (Figures 13 and 14 below). Of the 39% who had access to vocational training, 46% had received training in sewing skills, 19% in beauty skills, 9% in a language and 9% in planting (agriculture) skills. Another 23% had received some other types of training, while 18% said they received training on Cambodian labor laws.

Figure 13: Received vocational training at Evaluation (N=204)

Figure 14: Received vocational training at Baseline (N=125)

Half of the GFWs surveyed had some prior work experience before their current job, similar to the figure recorded at the baseline survey (58%). The reasons given why they left their previous place of employment were due to personal problems (23%), dissatisfaction with their salary (18%) while 13% were made redundant. Another 39% left for reasons not specified. More GFWs had left their previous job due to redundancy (33%) and personal problems (33%) at the baseline survey, perhaps a reflection of the economic downturn in 2008 and 2009 that had recently affected the garment industry in Cambodia.

Figure 15: Reasons for leaving previous job Figure 16: Reasons for leaving previous job at Evaluation (N=101) at Baseline (N=72)

### 3.2.3. redundancy

Of the very few GFWs who were made redundant from a previous job (13%) at the evaluation, almost half (46%) received monetary compensation, about one-third received a training information booklet or information on other places to apply for job, and 31% received some other types of support. Compared to the baseline survey where 42% of the workers said they received no type of support when faced with redundancy, only 8% said they were not provided with any support. This is a positive sign that garment factories may be providing departing workers with more information on work options as part of the factory redundancy and layoff plans, and in accordance with the Cambodia labor law. Factory administration staff interviewed confirmed that they would follow the terms outlined in the employment contract and in accordance with the Cambodian labor law (i.e. 5% of wages as final payment, last monthly salary, etc) for any workers made redundant.

Figure 17: Support provided when faced with redundancy (N=13)

When asked a hypothetical question on what they would do if they were made redundant from their current job, one-third of the GFWs (36%) said they would return to their home in the province, 23% said they would try to find some vocational training and only 15% would look for a job with another factory. Another 18% said they would change their job but did not specify what type of job, while 38% gave a variety of other answers, indicating perhaps that they were unsure what they would do next. Not surprisingly, no-one specifically mentioned working in the entertainment industry such as karaoke bars or beer gardens. These responses are similar to the baseline survey, with the exception that GFWs at the evaluation survey replied they would seek out vocational training skills, perhaps an indication that they are more aware of various training options available as well as having the confidence and resources to pursue different options beyond factory work.

FGDs with workers also revealed that many wished to start small businesses such as tailoring, dress design, hair dressing or selling goods. Few workers were interested to work in other factories though some mentioned they were too poor to study a new skill and needed to work at the factory to earn money first. When asked about vocational training opportunities, many participants made references to books distributed by the MoLVT and CARE which describe various training courses such as hairdressing, dress cutting and design, computer, motorcycle repairs, animal raising and vegetable gardening as well as different training centers. Others mentioned they had received information from flyers and banners around town as well as through friends and television ads. Participants were aware of training centers in Ang Snoul and Takhmao in Kandal province, Chbar Mon in Kampong Speu, Bun Rany Vocational Training Center and others in Takeo province. Again, many participants expressed interest in learning new skills and were better informed of various vocational training centers and opportunities but lacked the necessary resources such as money and time.

Figure 18: Preferred option if faced with redundancy (N=204)

## 

## 3.3. Income and Expenses

### 3.3.1. Income and saving

Garment workers at the evaluation reported significantly higher monthly HH incomes compared to the baseline survey. Half of the GFWs surveyed reported HH monthly incomes of greater than USD 300 (26%) and between USD 201 to 250 (24%) respectively, which was more than twice that at the baseline survey. (Figures 19 and 20) Only 9% of GFWs reported monthly HH incomes of between 61 and 100 USD at the evaluation, compared to 43% of GFWs who had monthly HH incomes of between 50 and 100 USD at the baseline.[[8]](#footnote-8) (Figures 19 and 20)

Figure 19: Monthly HH Income at Evaluation

Figure 20: Monthly HH Income at Baseline (N=125)

(N=204)

Slightly over one-third of the GFWs surveyed at the evaluation saved money within the last 6 months, a large decrease from the baseline survey when 56% of the GFWs reported they were able to save money. It is not clear why fewer workers were able to save money at the time of the evaluation as follow up questions as to the reasons why they were not able to save were not included. It is possible that the difference in timing of the evaluation and seasonal factors, such as families requiring money for agricultural inputs during the planting and harvesting seasons are partly responsible for the decline. It is also possible that the term “saved money” took on a slightly different meaning at the evaluation and was associated with “saved money in formal financial institutions” as a result of the SBF project interventions. FGDs revealed that many GFWs previously considered sending money home to family members as “saving money” but have since expanded their concept of savings to include their own personal savings, while recognizing the importance of personal savings for their future and saving money in formal financial institutions as a result of the SBF project activities.

Of the GFWs who were able to save (N=73), 51% were saving money at home, a decrease from 69% at the baseline. Fewer GFWs overall are saving money at home and with relatives at the evaluation.

Figure 21: Location of Savings

A promising and significant change at the time of the evaluation is that many more GFWs are saving money in formal financial institutions. Almost two in five workers are saving money in some formal financial institution with 27% of the GFWs saving with Wing or CMK, 8% in banks and 3% with other MFIs, compared to only 1% at the time of the baseline survey. This can be attributed to the success of the SBF project in promoting savings in formal institutions. For example, at the end of 2011, two MFIs reported that 2,500 GFWs had opened new savings accounts as a direct result of their expanded promotional activities linked with the SBF project in all targeted garment factories.

FGDs with workers revealed both a keen interest and increase in saving in financial institutions such as WING, CMK and ACLEDA as well as a continued reliance on saving at home in a “piggy bank” or with family members. Interestingly those participants that saved cash at home stated that it was easy for them to access their savings and spend it, but many others said they were rarely able to save money. Many workers have only just become aware of banking services but are still somewhat intimidated by them and unsure of how to utilize some of the formal systems. Offering training and banking services at factories has seemed to have increased the number of workers using banks as they become more familiar with the services, feel comfortable using the services and do not have to travel far to use their services. *“We all want to have this service in our factory.”* (GFW participants in FGD on Savings) For those workers that have started using the formal banking institutions such as CMK and WING, they explained that it was very easy to use, it promoted saving on a more regular basis and many were able to explain the benefits of gaining interest as well as saving for their future. *“Before, I used to keep and save money on me, but when I was explained about WING, I started to save with WING and now I have saved a lot of money.”* (GFW participant in FGD on Savings)

Mutual Support Groups seemed to have played a key role in disseminating information to workers on savings and in introducing such services as WING and CMK, who have in turn explained and trained workers on how to utilize and access the various services. In addition most viewed saving in banks as low risk whereas traditional saving and loans schemes, such as piggy banks, TinTong and high interest loan schemes were seen as high risk with potential losses. *“I have changed a lot. Now I know how to save and I have money left over. I have changed as I have money left over, have bought items and learnt about saving for the future.”* (GFW participant in FGD on Savings)

Approximately two-thirds of the GFWs surveyed reported that their income was sufficient to meet their household expenses, while the remaining one-third (37%) had expenses that exceeded their income. This is the same percentage as recorded at the baseline survey indicating no change as a result of SBF project interventions. This finding raises some concerns that some GFWs are not able to build savings and assets as their earnings as primarily used for consumption, both for themselves to support their living in the cities as well as by their families at home. This is an area that may require further in-depth study and discussion to better understand GFWs obstacles to building savings for their future. This finding also underscores the importance of continuing to provide more information and education for GFWs on various aspects of financial literacy and budget management including budgeting, planning, savings, as well as managing income, expenses and spending.

At the evaluation, of the 37% of GFWs who reported that their income was not enough to meet monthly household expenses, 29% borrowed money from relatives or friends, 16% borrowed from co-workers and 3% borrowed money from savings schemes. Another 20% worked extra time to earn money, 18% said they took out loans and 41% relied on various other methods. Compared to the baseline, borrowing and taking out loans has reduced slightly while working overtime has increased. The pattern of spending more money than they are earning is still a potential problem for some workers who may become trapped in a cycle of debt, relying on borrowing money and taking loans from others. Again, the project should include more awareness and education on financial literacy and budget management.

Figure 22: Actions taken when income is less than expenses

### 3.3.2. health care expenses

Virtually all GFWs (97%) reported spending their own money on health care expenses, which is the same figure as at the baseline survey. Of the very few GFWs (3% or N=7) who received health care services from other sources, 72% relied on family members to pay expenses, 14% received free treatment and medicine from health centers and 14% relied on other sources. The main difference between the evaluation and the baseline is that no worker responded they had insurance at the evaluation unlike at the baseline where 43% said they were insured. (Figures 23 and 24 below) The factory administration staff interviewed at the evaluation mentioned that “one of the benefits for the workers is that the factory pays for their health insurance.” The SBF project discontinued the pilot health insurance promotion activities with GRET/HIP and the garment factories in mid 2011 as the MoLVT announced that garment factories would be required to pay an additional USD 5.00 per month per worker for health insurance and to comply with the national health insurance program through the National Social Security Fund (NSSF) scheduled to start in 2012. To date, the details of the national health insurance program and the NSSF are still under discussion.

Figure 24: Other sources of health care expenses at Baseline (N=7)

Figure 23: Other sources of health care expenses at Evaluation (N=7)

Figures 25 and 26 below show the amount of GFWs own money spent on household health care per month and the locations where health care treatment is sought by GFWs at the baseline and evaluation survey.

Figure 25: Amount spent on health care per month

Overall GFWs are now spending more money per month on health care; 57% were spending less than USD 10 per month at the baseline compared to 24% at the evaluation, while 45% of GFWs were spending between USD 10 and USD 30 per month at the evaluation compared to 26% at the baseline. It is not clear what the reasons for the increase in spending are, however as more GFWs are married at the evaluation, they may have started families and therefore might incur more health care expenses. It would be interesting to run a correlation of single and married women and men against health care expenses to see if there is any difference or relationship between these two variables.

With regards to preferred locations of health care treatment, there has been a huge increase of GFWs seeking healthcare treatment at government health clinics at the evaluation (66%) compared to baseline (23%), while use of private clinics dropped slightly but still remains high at 51% (down from 69% at baseline). In addition, many more GFWs are also using pharmacies (28%), NGO clinics (17%) and factory health clinics (14%). This overall increase in positive health seeking behaviors could be attributed to GFWS increased knowledge of health issues and healthcare options as well as the strong referral systems with Health Centers developed through the SBF project interventions. During FGDs with both men and women, participants mentioned health centers as the primary location for health care treatment. Women also mentioned NGO clinics such as Marie Stopes and RHAC whereas men mentioned private clinics or hospitals.

Figure 26: Locations of Healthcare Treatment

## 3.4. remittances

Over two-thirds of the GFWs (70% or N=143) send money home to their family on a regular basis, a figure similar to the baseline survey (74% or N=92). Though decreasing, the majority of GFWs still rely on informal money transfer systems, with 31% carrying the money themselves when they visit home, 30% sending it with someone else going to the provinces and 18% relying on private taxi services. However there has been a significant increase in GFWs using bank transfers (13%) and WING or CMK (2%) services, which are safer forms of money transfer systems for GFWs and their families. This positive change can be attributed to SBF project interventions and greater marketing and coverage by these services.

Figure 27: Methods of money transfers

Workers did express some concerns with the non formal methods of sending money home such as delays in receiving money and worries about losing money. Many are interested in more formal transfer systems such as banks (ACLEDA or ANZ) or WING and those who used it found the system easy to manage, services were fast and charges were small. *“I send some money home through ACLEDA and WING, and I think it is easy and quick for me. I don’t risk losing it. The amount of money my family receives is exactly the amount of money I have sent because the bank charge is paid separately, and it won’t be deducted at all.”* (GFW participant in FGD on Savings)

WING appears to be the preferred choice as it is available 24 hours a day making it convenient for workers, whereas travel time and distances to banks as well as limited banking hours present obstacles to many workers. Offering banking or transfer services at factory sites may increase the usage rate. *“It is easy to send money via WING, and it can be done at any time. Because they are open all the time, so we can send the money whenever we wish to.”* (GFW participant in FGD on Savings)

At the baseline survey, and despite the higher risk of loss or theft with informal money transfers, only one person reported ever having a problem sending or taking money home to their family. At the evaluation, of the GFWs sending money home, 15% reported various problems with sending remittances. The most common problem faced was a delay in money reaching home (51%), while 24% mentioned money getting stolen during the process of transfer. *“I feel I don’t want to send my money with other people anymore because I am afraid of annoying them or losing my money.”* (GFW participant in FGD on Saving)

Figure 28: Problems encountered with money transfers at Evaluation (N=21)

## 3.5. Reproductive Health Knowledge and Practice

### 3.5.1. Information sessions on Family Planning / Reproductive Health (FP/RH)

Almost every GFW interviewed (92% or N=188) has attended an information session on reproductive health within the last six months, more than double compared to 37% (N=46) at the baseline survey. Of the 92%, 70% received information from Peer Educators/Mutual Support Group (MSG), almost triple that from the baseline (27%), while 61% reported receiving information from NGO staff. This is a significant achievement of the SBF project in promoting FP/RH information among garment factory workers. Furthermore, both men and women in FGDs reported receiving FP/RH information and participating in FP/RH activities conducted by MSG, Peer Educators, Women’s Association as well as Marie Stopes and CARE. *“These sessions have helped us to know and prevent ourselves from AIDS and STIs and to know about birth spacing. We can protect ourselves and take care of ourselves.”* (Female participant in FGD on Health)

Figure 29: Sources of FP/RH information

During separate FGDs with men and women, participants were asked what important areas have changed in their life as a result of their involvement in the information sessions. Women discussed how they have learned to protect themselves from infectious diseases such as HIV/AIDS and STDs, gained information on different contraceptive methods and learned of the importance of personal hygiene. Men were less forthcoming and only mentioned they stopped discriminating against people living with HIV and that they passed this information on to friends.

### 3.5.2. Contraceptive awareness

Almost all the GFWs (90% or N=188) reported some knowledge of family planning methods, similar to the baseline survey (90% or N=113).

Figure 30: Knowledge of birth control methods

On a positive note, more GFWs had heard of more different types of contraceptives, with knowledge of condoms as a family planning method increasing significantly to 90%, up from only 48% at the baseline. Other well known contraceptive methods are Pills (87%) and Injection (74%). Furthermore, GFWs knowledge of other methods increased and include IUD (73% vs. 61%), Nor Plant (53% vs. 0%), Vasectomy (12% vs. 1%), and Calendar (11% vs. 0%), demonstrating the effectiveness of the SBF project in increasing awareness of various family planning methods as part of the reproductive health component.

### 3.5.3. Contraceptive practices

At the evaluation, all GFWs, including single and married women and men, were asked if they were currently using contraception, whereas at the baseline only married women were asked, therefore making direct comparisons difficult.

Over one-third (37% or N=75) of GFWs reported using some form of contraception, which is slightly higher than the figure of 31.4% for all women as reported in the CDHS 2010. The most common methods used were pills (44%), which is a slightly reduced figure from the baseline (50%), while condom use increased dramatically to 28%, compared to only 9% at the baseline. This may reflect an increased understanding and use of condoms as a family planning method in addition to prevention of HIV which could be attributed to SBF project FP/RH activities. Use of injections decreased from 23% to 7%. Other studies have shown that married women use injections more than condoms[[9]](#footnote-9). Caution should be used in interpreting these numbers as the evaluation survey includes single and married women and men whereas the information at the baseline survey is only for married women.

Figure 31: Birth control methods used at Evaluation (N=75)

Women in the FGD described using different contraceptive methods including pills, condoms, injections and IUDs, whereas in the FGD with men, condoms were mentioned by the vast majority of men and only a few participants mentioned injections or pills. Furthermore, women’s source of information and access to contraception follows Figure 32 below, i.e. Health Centers and NGO clinics, whereas men tended to receive their information from peer educators, mutual support groups, the Women’s Association and NGOs. Men tended to focus on access to condoms only and mentioned numerous locations including pharmacies, clinics, health centers, referral hospitals, Women’s Associations and NGOs.

Figure 32: Knowledge of locations offering birth control at Evaluation (N=202)

All GFWs were asked if they knew where they could access contraceptive methods at the time of the evaluation, whereas only married women were asked at the baseline. Current knowledge was very high with 86% of GFWs stating health centers, 38% at NGO clinics and 28% at private clinics. There seems to be greater awareness of and access to government health centers as providers of family planning, as compared to private clinics which tend to be more expensive, while NGO clinics are not as numerous as either government or private clinics. This greater awareness can also be attributed the quarterly meetings between factory health clinics and health centers and the strong referral system promoted and established to support garment factory workers.

## 3.6. Knowledge and Use of Condoms

All GFWs were asked about their knowledge of condoms and condom use. Virtually all (97%) GFWs answered correctly that condoms should only to be used once in order to be effective, a 20% increase compared to 78% at the baseline survey. (Figures 33 and 34 below)

Figure 33: Correct times a condom should be used at Evaluation (N=204)

Figure 34: Correct times a condom should be used at Baseline (N=125)

Of the 97% that answered correctly, 58% could describe the proper way to put on and use a condom, indicating a significant increase in the knowledge and practical application of correct condom use from the baseline, where only 20% knew the correct answer and 75% of the respondents did not know how. (See Figures 35 and 36 below) This demonstrates the success of the information sessions on correct condom use as part of the SBF project interventions.

Figure 36: Correct application of condom at Baseline (N=125)

Figure 35: Correct application of condom at Evaluation (N=204)

Furthermore, female and male garment workers in FGDs also described the importance of checking the expiry date on the condom package before using a condom as well as emphasizing the proper removal and disposal of the used condom after sex.

Figure 37: Sources of information on condom use

At the baseline survey, the vast majority (83%) of GFWs had not received any information on condom use. Of the 17% (N=21) who had received some information on condom use, 62% received information from NGO staff, 19% from Peer Educators and 38% from other various sources. At the evaluation the comparable figures were reversed with 83% (N=167) of GFWs having received information on condom use. Of the 83% who received information, the most common sources of information on condom use were NGO staff (51%) and Peer Educators (50%), followed by other sources (14%), HIV/AIDS committees (11%) and friends (10%). This means that SBF project intervention of promoting Peer Educators is a very successful strategy in spreading information on condom use among GFWs.

Slightly less than half (47% or N=95) of the GFWs interviewed at the evaluation had had sex within the last 3 months and 53% had not. Of the men and women who had had sex, 75% were married and 25% were single.

Figure 33: Frequency of Condom use (N=95)

Of the GFWs who had sex, 61% never used a condom, 22% rarely used a condom, while 6% often used a condom and 11% used a condom every time. Compared to the baseline survey, of the 21% of women who had had sex within the last 3 months, 77% said they never used a condom and only 8% said they used a condom every time. These figures are consistent with other studies that show low condom use among married women (and men). While more GFWs know of and have increased their knowledge of reproductive health, contraception and condoms, and their knowledge is quite high, only around one in ten GFWs reportedly use condoms every time they have sex. GFWs and young women’s behavior in particular may be placing them at higher risk of unwanted pregnancies, contracting STDs or becoming infected with HIV. Interventions may need to be expanded and adjusted to involve husbands and partners to be more effective in promoting safe sex and safe sexual reproductive health.

## 3.7. knowledge of sexually transmitted diseases and aids

### 3.7.1. Knowledge of sexually transmitted diseases

Virtually all (96%) of GFWs have heard of sexually transmitted diseases, a significant increase from only 78% of GFWs surveyed at the baseline. The most common sources of information on STDs identified at the evaluation were MSGs (51%) and NGO staff (50%), demonstrating that SBF project interventions have reached their target group and have increased the reliable sources of information on STDs. Television (33%), Friends (26%) and Radio (22%) were also sources of information on STDs. Factory health staff (8%) and posters/leaflets (6%) accounted for similar sources of information at both the baseline and evaluation, while HIV/AIDS committees accounted for 3%.

Figure 39: Sources of information on STDs

Figure 40 shows that there has been little change in the percentage of GFWs with knowledge of the three main types of STDs of Syphilis, Gonorrhea and AIDS. The percentage of GFWs aware of STDs such as genital warts and herpes has doubled to 15% and 14% respectively, but is still a low figure. This may indicate a need to place heavier emphasis on STDs information in future SBF project interventions.

Figure 40: Knowledge of types of STDs

Figure 41: Signs and Symptoms of STDs requiring treatment

Figure 41 shows that GFWs recognition of the different signs and symptoms of STDS requiring treatment has significantly increased from the baseline to the evaluation, and with far fewer GFWs responding they don’t know; a decrease from 38% to 14%. Percentage increases ranged from 9% to 13% for different signs and symptoms of STDs such as itching, burning pain on urination and vaginal and urethral discharge. Only knowledge of genital ulcers and genital sores remained about the same (21% and 23% respectively) while fewer GFWs mentioned swelling in the groin area (8% and 15%) at the evaluation compared to the baseline. Despite this increase in knowledge of STDs, less than one-third of GFWs are able to recognize various signs and symptoms of STDs requiring treatment, indicating more information on sexual and reproductive health is needed to ensure both women and men are informed and able to protect themselves from diseases.

Participants in FGDs with men and women were able to describe various signs and symptoms of STDs/STIs as described in Figure 41 and all mentioned they should seek medical care and treatment from health centers, private clinics or NGOs if they suspected they are infected with STDs.

### 3.7.2. Knowledge of hiv transmission

Virtually all GFWs who had heard of sexually transmitted diseases at both the baseline (94%) and evaluation (95%) knew that having unprotected sex with someone infected with HIV was a source of HIV transmission. Knowledge that HIV could be transmitted by sharing needles and through blood transfusions increased to 71% from 56%, to 52% from 44% respectively, while one-quarter of the GFWs surveyed now understand that breast feeding is a also a source of transmission of HIV from an HIV+ mother to a child. (Figure 42 below)

Figure 42: Knowledge of HIV Transmission

Figure 43 shows that overall knowledge of different prevention methods of HIV increased from baseline to evaluation, with 92% of GFWs surveyed identifying using condoms correctly as the most common method of prevention. As shown in Figures 35 and 36, GFWs who do not know the correct way to put on or use a condom dramatically decreased to 21% from 78% at the baseline, an indication that the SBF project interventions on condom use has been effective.

Only one-third on GFWs surveyed mentioned being monogamous as a way to prevent HIV transmission. Just over one-quarter of GFWs surveyed mentioned avoiding injections or sharing needles with an HIV infected person, despite the fact that 71% responded that HIV can be transmitted through sharing a needle. And while 56% of GFWs knew that blood transfusions can transmit HIV, still only 12% mentioned avoiding blood transfusions (Figure 42).

Various other prevention methods regarding sexual behavior such as limiting the number of sexual partners, avoiding sex with prostitutes or abstaining from sex were cited by fewer than 10% of GFWs surveyed. No-one mentioned mosquito bites as either transmitting HIV or a prevention method compared to the baseline, which indicates that the HIV information sessions have reduced some misconceptions about the spread of HIV.

Knowledge of STD prevention is still much lower than knowledge of prevention of HIV. Figure 44 shows very little increase in GFWs’ knowledge of prevention of STDs from baseline to evaluation. For example, use of condom during sex decreased from 59% to 56% at evaluation, while abstinence from sex only increased from 6% to 14%. And despite a decrease from 35% to 20%, one in five GFWs still do not know any methods of prevention of STDs compared to less than 1% of GFWs who do not know any prevention methods for HIV. This signifies there is still a gap in information regarding sexual and reproductive health and STDs and prevention methods, which could be addressed in future SBF project activities.

Figure 43: Knowledge of prevention of HIV

Figure 44: Knowledge of prevention of STDs

**3.7.2.1 HIV/AIDS Committees and Workplace Policy on HIV/AIDS**

The SBF project has supported HIV/AIDS Committees that have been established in all eight factories, in accordance with Cambodian law. FGDs with two HIV/AIDS Committees revealed that members had extensive knowledge of HIV and AIDS, including prevention and protection, methods of transmission and infection as well as care and support for People Living with HIV (PLHIV). Of critical importance is the increased awareness of discrimination against PLHIV as a rights violation and a self reported change in people’s attitudes towards PLHIV, especially with the introduction of the Workplace Policy on HIV/AIDS. *“The change I have noticed is our attitudes and the supervisor’s, because after we have disseminated information of HIV/AIDS, the attitudes have changed. The purpose of this HIV/ AIDS Committee is to change the attitudes among workers and supervisors.”* (FGD with HIV/AIDS Committee)

HIV/AIDS Committee members see the value of workplace policy on HIV/AIDS as providing essential knowledge on HIV/AIDS prevention, protection and care to the workers, as well as to eliminate discrimination among the workers and the factory. In addition to disseminating information, the HIV/AIDS Committee provides a safe and confidential environment for workers to ask questions, discuss problems and seek advice. All members were keenly aware of the importance of confidentiality regarding HIV+ person’s status, testing and counseling services. *“The HIV/AIDS Committee is beneficial for the workers because it provides them education and advice about HIV/AIDS.”* (FGD with HIV/AIDS Committee) Furthermore, they acknowledged that the factory benefits from the HIV/AIDS Committee work as workers gain more knowledge on HIV/AIDS so they can protect themselves and remain healthy, while promoting a supportive work environment for all workers, free of discriminatory attitudes.

HIV/AIDS Committee members also recognized the importance of encouraging and enabling HIV+ workers permission to take leave for treatment and health services, and respecting their right to confidentiality. However no factory administration to date has ever referred any HIV+ workers for medical treatment or health care services; they have only facilitated leave requests and days off for health care visits and treatment. Of some concern however is that a few members expressed support for having a separate place for HIV+ persons to stay “happily”, like an old age center or TB ward, as they projected that HIV+ persons feel bad when family members take care of them and would prefer not to burden their family anymore. This seems at odds with the earlier statements of empathy, understanding and non-discrimination towards PLHIV.

HIV/AIDS Committees recognize the value of collaboration and partnership arrangements with various organizations including CARE, CWPD, CBCA, and Marie Stopes as well as MoLVT for educational activities, dissemination of information and annual events to promote HIV/AIDS prevention and awareness among garment factory workers. They stressed the importance of implementation with regards to workplace policy on HIV/AIDS and wish to continue the successful collaboration with partners, including developing videos and short “spots”, in addition to leaflets and training sessions, to be disseminated to reach a wider audience of garment factory workers.

### 3.7.3. Genital discharge or genital ulcer

The number and percentage of GFWs surveyed at the evaluation reporting genital discharge or genital ulcers increased quite substantially to 44% (N= 90) compared to 26% (N=33) at the baseline. This means that over 2 in 5 GFWs compared to 1 in 4 women at the baseline can now recognize some signs or symptoms of genital discharge or ulcer. This increase is most likely due to the SBF project sexual and reproductive health information sessions.

Table 2: Reports of genital discharge or genital ulcer within last 6 months

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Responses | Baseline | | Evaluation | |
|  | No. | % | No. | % |
| Yes | 33 | 26% | 90 | 44% |
| No | 92 | 74% | 114 | 56% |
| Total | 125 | 100% | 204 | 100% |

Figure 45: Actions taken for genital discharge/ulcer

Furthermore, 61% of GFWs at the evaluation went to government health clinics or hospitals for treatment compared to only 25% at baseline, while visits to pharmacies increased to 20% from 4%, perhaps due to increased knowledge and the need to seek treatment as well as awareness of cheaper services as a result of SBF project information session, for example as visits to private clinics also reduced from 43% to 24%. Only 14% of GFWs sought treatment at the factory health clinic compared to 32% at the baseline and 15% did not seek treatment or advice, for reasons unknown, while fewer GFWs sought the services of traditional healers. (Figure 45)

## 3.8. Knowledge of risky behaviors

All GFWs were asked a set of questions regarding various activities and the likelihood of transmission of HIV and STDs. (Figures 46 and 47 below)

Overall the GFWs’ replies revealed an increase in their knowledge of risky behaviors and prevention methods, as well as a decrease in misconceptions about HIV and STD transmission. For example, 95% of GFWs responded that the activity of caring for someone with AIDS is not likely to lead to transmission of HIV, compared to only 62% at the baseline. This is a significant positive change in people’s attitude towards PLHIV and to reducing the harmful stigma and discrimination associated with HIV and AIDS.

Furthermore, at the evaluation, 87% of GFWs recognized that penetrative sex with a condom is not likely to transmit HIV or STDs, more than double the figure of 39% at the baseline. This demonstrates that GFWs have a better understanding that condoms are an effective method of prevention of HIV infection and STDs. With regards to oral sex and transmission of HIV and STDs, 41% rated oral sex as an activity *not likely* to lead to HIV or STD infection, 43% rated this activity as *likely* to spread HIV or STDs, and only 12% as *very likely* to spread the infection, a change from the baseline where 53% stated that oral sex was an activity of high transmission of HIV or STDs and 14% did not know. This demonstrates an increase in GFWs’ knowledge of how HIV and STDs are transmitted so they can better protect themselves with regards to their sexual and reproductive health.

Figure 46: Knowledge of Risky Behaviors for STDs or HIV/AIDS at Evaluation (N=204)

There are two very critical areas where it is not clear whether GFWs knowledge and understanding of HIV and STD transmission and prevention has changed or stayed at the same high level, largely because the survey question was worded slightly differently from baseline to evaluation, and this might have elicited slightly different responses at the evaluation compared to the baseline.

At the baseline, 95% of GFWs rated sex without a condom with a prostitute and 90% of GFWs rated sharing a needle or syringe as activities with *high transmission* of STDs and HIV. However at the evaluation this was split with 60% and 37% of GFWs rating sex without a condom with a prostitute as *likely and very likely* for transmission of HIV or STDs respectively for a combined total of 97%. Similarly, 57% and 39% of GFWs rated sharing a needle or syringe *as likely and very likely for* transmission of HIV or STDs respectively for a combined total of 96%. It seems that the slight change in the wording of the evaluation questionnaire has made direct comparisons somewhat difficult however it can be assumed by combining the answers of *likely and very likely* that GFWs’ knowledge and understanding of HIV and STD transmission in these two areas has either increased or stayed at the same high level. This underscores the importance of maintaining the same question and answer from baseline to evaluation to ensure comparisons and accurate measures can be made with confidence.

Figure 47: Knowledge of Risky Behaviors for STDs or HIV/AIDS at Baseline (N=124)

## 3.9. Nutrition, maternal, child health and hygiene knowledge and practice

This section was only included at the evaluation stage to inform new program activities and for future SBF project interventions. As such comparisons with the baseline data and progress against project objectives are not possible.

### 3.9.1. Nutrition knowledge and practice

The vast majority of GFWs were able to identify two important food groups, including fruit and vegetables (96%) and meat/fish/eggs (90%). Only one-quarter of the GFWs surveyed knew of the fats, oil and sugar group and even fewer knew of dairy (12%), which reflects their low knowledge of nutrition as well as the lack of emphasis on dairy products in the local diet available to them.

Figure 48: Knowledge of food groups (N=204)

As shown below in Figure 49, around two-thirds of GFWs reported eating three different food groups at every meal, including fish, meat, eggs (69%), fruit, vegetables (61%) and fats, oils or sugars (76%). Over 20% said they ate fish, meat, eggs and fruit or vegetables on a daily basis. About one-third of the GFWs interviewed ate dairy once a week, another one-third never ate dairy and 38% said they consumed it when they could find it.

Figure 49: Frequency of consumption of different food groups (N=204)

The vast majority (80%) of GFWs understand that poor nutrition leads to lower immunity to diseases while about half recognize poor nutrition can result in dizziness and fainting, not an uncommon occurrence among garment workers in Cambodia. About one-third know that anemia is a sign of poor nutrition while 8% said malnutrition. However less than 1% know that poor nutrition in women can lead to underweight newborn babies. FGDs on health with men and women also confirmed that participants know of 2 or 3 foods groups, excluding dairy, and understand that poor nutrition can lead to illness, diseases and overall poor health, which also affects their ability to work and earn income.

Figure 50: Knowledge of effects of poor nutrition at (N=204)

The greatest obstacle for GFWs to eat a well balanced diet is cost (67%), while lack of time for food preparation (19%) was also a consideration for many workers. Other reasons included lack of knowledge (8%) and availability of food (6%), while various other reasons were also cited. It is important to continue to stress the importance of good nutrition to GFWs and perhaps emphasize the hidden costs of poor nutrition such as increased health care costs, loss of wages due to absences when sick and lower productivity due to illness, loss of energy or not feeling well at work.

Figure 51: Barriers to eating a well balanced diet (N=204)

### 3.9.2. Maternal and child health knowledge and practice

Three-quarters of GFWs know that missing a menstrual cycle is one of the first signs of pregnancy, while 17% mentioned nausea and vomiting as other initial signs of pregnancy. Only 1% of the GFWs replied they did not know. With regards to good practice for ante-natal care, 85% mentioned that pregnant women should have their first ante-natal care visit in the first month of pregnancy and 12% stated within the first three months. GFWs are clearly demonstrating knowledge of proper ante-natal care visits to ensure both mother and child are healthy.

Figure 52: Signs of pregnancy (N=204) Figure 53: Knowledge of Ante-natal visits (N=204)

The vast majority (89%) of GFWs recognize that government health centers are safe places for women to receive ante-natal care, followed by public hospitals (54%), NGO clinics (34%) and private clinics (28%). Only 1% mentioned Traditional Birth Attendants as a safe option for ante-natal care. This is a positive sign that GFWs recognize the importance of proper health care and regular health checkups during pregnancy. This was also discussed during FGDs when both men and women discussed the importance of good nutrition, rest and regular health care visits for pregnant women.

Figure 54: Safe places for Ante-natal care (N=204)

Four out of five GFWs know that breast milk is the best food for babies under six months of age. Slightly over 10% of GFWs mentioned rice, food and water as the best foods for children less than 6 months which is of concern as poor nutrition and improper feeding practices can lead to serious diarrhea and malnutrition in infants. The remaining 10% gave a variety of answers or did not know, indicating that more information and awareness of proper infant and child nutrition and feeding practices could be beneficial for women and their children. Separate FGDs with men and women revealed that many male participants did not know that breast milk was the best food for children under six months of age, while almost all the women participants did.

Figure 55: Knowledge of best foods for children under 6 months of age (N=204)

### 3.9.3. Hygiene knowledge and practice

Proper hygiene practices are important for good health, especially hand washing. Four out of five GFWs know that washing hands before eating food is a good hygiene practice. However only 49% mentioned washing hands after using the toilet and less than one-third mentioned before preparing and cooking food. Only 3% of GFWs mentioned washing their hands after changing a baby’s nappy. Hygiene and proper hand washing should continue to be stressed as an important component of the health and nutrition education sessions.

Figure 56: Knowledge of proper hand washing practices (N=204)

Many garment workers purchase food at nearby food vendors at the garment factories for all or some of their daily meals. Almost two-thirds (61%) of GFWs interviewed felt that the food vendors did not have clean utensils, while 13% said they never washed their hands. These are examples of poor hygiene practices of food vendors that can affect GFWs’ health, their productivity at work and their ability to earn income.

Figure 57: Awareness of proper hygiene of food vendors at factories (N=204)

Interviews with a factory management also stressed the importance of information and lessons on general health care, especially hygiene and sanitation, for GFWs. Many workers have been observed with respiratory infections caused by flu and pneumonia. Poor health of workers affects the workers individually, as well overall factory productivity.

# Conclusions and Recommendations

GFWs at the evaluation stage are slightly older, between 25 and 29 years old (66%), more are married (50%), have more years of education (64% with Grade 7-9 or higher), with some vocational training (39%) and many have prior work experience (50%). These all point to a slightly older, more experienced, trained and higher educated garment factory work force than at the baseline survey.

1. **Evidence that there are more married GFWs supports the recommendation that the SBF project continue to provide information on sexual and reproductive health as well as to include more awareness on maternal and child health, nutrition and hygiene.**

**Employment and Worker’s Rights**

1. **The project should continue to collaborate with the factory management to increase awareness of and promote the importance of working conditions and workers’ rights among GFWs.** While the vast majority (90%) of GFWs has formal employment contracts and more GFWs report knowledge of vocational training options, GFWs understanding of the labor law, leave entitlements, working conditions and worker’s rights seemed to vary according to factory.

**Income, Expenses and Health Care**

1. **The project may wish to include more awareness and education on financial literacy and budget management, especially the importance of savings and the different formal financial institutions.** While GFWs reported significantly higher monthly HH incomes, fewer reported saving in the past 6 months and one-third still said their monthly HH expenses exceeded their monthly income. Both saving in and transferring money through formal financial institutions have dramatically increased due to project interventions.
2. **The SBF project may wish to stress the importance of promoting some form of health insurance for GFWs, whether through the NSSF, NGOs or garment factory schemes.** While more GFWs are seeking healthcare treatment at government health clinics due to a combination of strong referral systems and increased knowledge of health issues and health care options, overall GFWs are reportedly spending twice as much on health care expenses than at the baseline, and almost all use their own money.
3. **The SBF project should continue to provide education on sexual and reproductive health for GFWs as they provide important information enabling workers to improve their own personal health and well-being and are valued by the factory management as well.** Videos and posters, combined with trainings sessions, may complement and be more cost effective in the long run as CARE looks forward to handing over project implementation to the factory staff and MSGs.

**Condoms, Birth Control and Reproductive Health**

1. **The SBF project should continue to provide information and access to family planning methods** to GFWs given the success of project interventions in significantly increasing both GFWs’ knowledge of condoms as a birth control method as well as reported condom use by GFWs using some form of contraception. This is testimony to the effectiveness of the SBF project in increasing awareness and access to family planning methods as part of the reproductive health component.
2. **The SBF project should continue the strategy of utilizing Peer Educators to disseminate information on condoms and condom use among GFWs,** given the significant increase in GFWs’ knowledge and practical application of correct condom use. Four out of five GFWs reported receiving information on condom use from NGO and Peer Educators.

**STDs, HIV and Sexual Health**

1. **The SBF project should continue to provide education on HIV prevention as part of sexual and reproductive health as only one in four GFWs know that HIV can be transmitted through mother-to-child and breastfeeding.** Knowledge of HIV transmission by having unprotected sex with someone infected with HIV is universal and increased to 71% and to 56% for sharing needles and blood transfusions respectively.
2. **The SBF project should continue to provide more information on STDs and methods of prevention as part of the sexual and reproductive component** to ensure GFWs are better informed and able to protect themselves from diseases. Less than one-third of GFWs are able to recognize various signs and symptoms of STDs requiring treatment and one in five GFWs still do not know any methods of prevention of STDs.

**Nutrition, Maternal Health and Hygiene**

1. **As two-thirds of GFWs stated that the greatest obstacle to eating a well balanced diet is cost, it is important that proper nutrition is highlighted and the hidden costs of poor nutrition,** such as increased health care costs, loss of wages due to absences when sick and lower productivity due to illness or loss of energy, **are emphasized**.
2. **More information and awareness of proper infant and child nutrition and feeding practices would be beneficial for the health of women, their children and families**, particularly as one in five GFWs were not aware that breast milk is the best food for babies under six months of age.
3. **Good hygiene practices and proper hand washing should be stressed as an important component of the health and nutrition education sessions,** for both health and economic reasons for garment workers. While the majority of GFWs know that washing hands before eating is a good hygiene practice, less than half mentioned washing hands after using the toilet and less than one-third mentioned before preparing and cooking food.

**And finally**

1. Should time and resources be available, **it may be beneficial to** **further disaggregate, compare, analyze and report survey data and findings based on certain age bands, marital status as well as between men and women,** to further inform and target project interventions and program activities.



SBF Project Health Awareness Sessions with Garment Factory Workers

# Appendices

Sewing for Brighter Future Project

**Garment Factory Worker Evaluation**

**CARE International in Cambodia**

**December 2011**

## 5.1. Questionnaire for Women and Men (Age 18-29)

|  |  |  |
| --- | --- | --- |
| **Introduction and Consent Form (read to ask for interviewing)** | | |
| Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. We are a team from CARE and we working for a project titled “Sewing for Brighter Future” which aims to increase access to sexual/ reproductive health and HIV/AIDS information, savings/remittance tools and mechanisms, health insurance, better working condition and other social protection services for young garment factory workers and reduce their vulnerabilities/risks as young economic migrant workers.  We would like to ask some questions about your family backgrounds including economic status, your working conditions, health and your knowledge related to HIV/AIDS and reproductive health. The information you provide will help us to plan out project interventions in a better way and will help us in knowing whether we are successful in our objective.  The questions will take about 45 minutes to complete. Any information that you give will be confidential; your identity will not be shown to anybody in and outside your organizations.  Your views are important to us and we hope that you can join in our survey. If you do not want to, you are free to say no. You can choose not to answer any or all questions, and you can stop the interview at any time.  *Before you decide if you want to join our survey, do you have any questions for us?* | | |
| Recorder to sign here to confirm that the interviewer read consent form |  |  |
| Date |  |  |

Interview date \_\_/\_\_/\_\_ Interview #: \_\_\_\_\_\_\_\_\_\_

Garment Factory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Women: \_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Men: \_\_\_\_\_\_\_\_\_\_\_\_

ID card # of interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1: RESPONDENT'S BACKGROUND**

*First I would like to ask you some questions about yourself.*

| **#** | **Questions** | **Coding Categories** | **Skip** |
| --- | --- | --- | --- |
| 1 | How old are you? (record age in terms of completed years) | Age \_\_ \_\_ |  |
| 2 | What was the highest educational level you attained? | None 1  Grade 1-3 2  Grade 4-6 3  Grade 7-9 4  Grade 10 or Higher 5  Don’t Know 98  No Response 99 |  |
| 3 | Are you married or single? | Married 1  Single 2  Widow 3 |  |
| 4. | Which province do you come from? | Come from……………….. |  |
| 5. | How many members are there in your family? | ……..Male ……..Female |  |
| 6. | How many members of your family are earning? | ……..Male ……..Female |  |

**SECTION 2: TRANSITION STRATEGY AND WORKERS RIGHT**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Since how long are you working in the current garment factory? | ……..months |  |
| 2 | Do you have an employment book? | Yes – 1, No – 2 |  |
| 3 | Do you have a formal contract with the factory specifying your role, responsibility, time duration of the contract and the payment schedules? | Yes – 1, No – 2 |  |
| 4 | Did you sign the contract before joining this job? | Yes – 1, No – 2 |  |
| 5 | Does your payment remain same all the months you work? | Yes – 1, No – 2 |  |
| 6 | Did you get any orientation about your role and responsibility at the time of joining the job? | Yes – 1, No – 2 |  |
| 7 | Who help you or your friend in solving problem related to your work in factory?  (Multiple choice question) | Friends…………………………………………...1  Mutual Support Group……………..….…2  Line leader……………………………………..3  HR/Admin staff…………………………......4  Health staff……………………………….…...5  Trade union……………………………….…..6  Others (Specify)……………………………99 |  |
| 8 | Does your supervisor support you by these ways? (Multiple choice question) | Meets every day…………………………….1  Meet at least once in a week ………..2  Meets at least once in 2 weeks…..…3  Meet at least once in a month ….….4  Guides in case of difficulty…………....5  Checks the quality of output regularly ……………………………………………………..6  Nothing of these……………………….…..7  Others (Specify)……………………………99 |  |
| 9 | Do you know about any vocational training skills? | Yes – 1, No - 2 | 1 move to 12 |
| 10 | Did you receive any vocational training before joining this job? | Yes – 1, No - 2 |  |
| 11 | What kind of training did you receive? | Sewing skill……………………………….…..1  Knitting …………………………….…….…….2  Wedding beauty …………….……….…….3  Beauty shop ………………….…….…….…..4  Cooking ………………............................5  Planting …………………………….…………..6  Language ………………………….…..………7  Labor law………………………….…….……8  No any training ………………………..….98  Others (Specify) ……………………..……99 |  |
| 12 | Did you work before getting the current job? | Yes – 1, No – 2 | 2 move to 15 |
| 13 | Why did you leave the earlier job? (Single choice -only the main reason to be selected) | Had problem with the supervisor…..1  Not satisfied with the working environment…………………………………..2  Not satisfied with the payment……...3  Faced redundancy…………………….…...4  Personal problem………………………..…5  Others (Specify) ………………………..…99 | If NOT “4” then move to Q.15 |
| 14 | What kind of support was provided by your previous factory when you or your friends were made redundant?  (Multiple answers) | Monetary support such as one month salary ………………………………………….....1  Information about some other places for applying job…………………...2  Information about the safe places to find employment…………………………….3  Give training information book….……4  No support provided ………………………5  Any other information(Specify)……..99 |  |
| 15 | Suppose you or your friends become redundant from the current job then what will be your next option for the job? | Go back to the province …………………1  Find the job at other factories……..….2  Change the job……………………………....3  Find entertainment job……………….....4  Find vocational training skills……..…..5  Others (Specify) ……………………………99 |  |

**SECTION 3: INCOME AND EXPENDITURE PATTERNS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | What is the total monthly income of your family? | Less than 61 USD……………………….…...1  61 to 100 USD …………………………..……2  101 to 150 USD………………………….…...3  151 to 200 USD…………………….………...4  201 to 250 USD………………………….…...5  251 to 300 USD……………………………....6  More than 300 USD…………………………7 |  |
| 2 | Did you save any money during last 6 months? | Yes-1, No-2 | if 2 move to Q.4 |
| 3 | If yes, where do you save money?  (Multiple answers) | Bank…………………………………………….....1  At home ………………............................2  With relatives………………....................3  With the money lenders……………..….4  In the form of assets……………............5  Have saving groups…………………......…6  Wing or CMK…………………………..………7  Microfinance institutions…………….….8  Others (Specify) ……………………………99 | name |
| 4 | Does the income meet all the expenditure requirements of your households? | Yes – 1, No – 2 | if 1 move to Q.6 |
| 5 | If no, how do you cope up with this?  (Multiple answers) | Take loan………………...........................1  Borrow money from co-workers….…2  Borrow money from Friends/relatives/neighbors……………3  Borrow from CMK……………………...…..4  Borrow money from other saving schemes…………………………………………5  work extra hour…………………..………...6  Other methods……(Specify) ……..…99 | name |
| 6 | Do you spend money on health from your pocket? | Yes – 1, No-2. | If Yes >>>8 |
| 7 | If No, who pays for it? (Multiple answers) | Insured ………………..............................1  Family members……………………………..2  Borrow from neighbours………………..3  Borrow from private lenders………....4  Get free treatment and medicine from Health centre…………………….…..5  Others (Specify) ……………………………99 |  |
| 8 | How much money do you and your family spend per month to deal with the health problems? | Less than 10 USD…………………………....1  10 to 20 USD ………………………………....2  21 to 30 USD…………………...................3  31 to 40 USD………………………….….......4  41 to 50 USD……………………..………......5  51 to 75 USD…………………….…….........6  76 to 100 USD….....……………….…………7  More than 100 USD…………………………8 |  |
| 9 | Where do you generally go to seek treatment for health related problems?  (Multiple answers) | Private clinics…………………………….…...1  Health center/hospital……………………2  Traditional healer……………………….….3  NGO clinics………………………………..…..4  Buy drug from pharmacy……… ……..5  Follow advice of relatives/ friends / neighbors………………………………..….….6  Factory health clinic………………….……7  Others (Specify) …………………..………99 |  |

**SECTION 4: PROCESS OF SENDING REMITTANCES**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Do you send remittances to your family back home? | Yes – 1, No - 2 | If no .>>> Sec 5 |
| 2 | How do you send the remittances to your family?  (Single choice only the main method to be recorded) | Through the bank transfer………….…..1  Through someone going to the province………………………………………….2  Myself take it home on a monthly basis………………………………………..........3  Through private taxi drivers…………...4  Through WING or CMK……………….…..5  Money exchange in market………….…6  Other MFI………………………………..…….7  Other way…(specify)…………………….99 | name |
| 3 | What is the main problem that you face when sending remittances?  (Single choice only the main method to be recorded) | Yes – 1, No - 2  Delay in money reaching home….…..3  Money getting stolen in between…..4  Amount received at home is less than amount sent…………………………….…….5  Very expensive to send money……...6  The service not available on a regular basis ...……………………………………………7  Other problem…(Specify)……………...99 |  |

**SECTION 5: REPRODUCTIVE HEALTH AND FAMILY PLANNING KNOWLEDGE AND USE**

*Now I would like to talk about RH/FP*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | In the last six month, did any members from these groups in your factory speak to you about family planning methods/ reproductive health? (multiple answers possible) | No .1  Yes …………………………………….………….2  PE/MSG .3  NGO staff .4  Factory health staff………………..………5  Not remember .6  No Response .7  Other …(Specify)…………………..……...99 |  |
|  |  |  |  |
| 2 | Have you heard of any of these ways or methods that women or men can use to avoid pregnancy? (multiple answers possible) | Condom 1  Pills 2  Injection 3  IUD 4  Implant………………………………………...5  Tubal ligation 6  Vasectomy 7  Calendar...........................................8  Withdraw..........................................9  Breast feeding…… 10  No Response 11  Don’t know 98  Other …(Specify)…………………….…....99 |  |
| 3 | Are you currently doing something or using any method to delay or avoid getting pregnant? | No…… 1  Yes 2  No Response 9 | if 1 go to Q5 |
| 4 | Which birth spacing method are you currently using? | Condom 1  Pills 2  Injection 3  IUD 4  Implant…………………………………….……5  Tubal ligation 6  Vasectomy 7 No Response 8  Don’t know 98  Other …(Specify)………………………......99 |  |
| 5 | Where is the place that women or men can obtain a method of family planning? | GF clinic 1  Health Center 2  Private Clinic 3  NGO clinic……………………………....…...4  Pharmacy……………………………………...5  Drug Stall 6  No Response 7  Don’t know 98  Others (Specify) …………………………...99 |  |

**SECTION 6: KNOWLEDGE AND USE OF CONDOM**

(ASK THE FOLLOWING QUESTIONS TO ALL RESPONDENTS)

*Now I would like to ask you a few questions about condoms.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | How many times can one condom be used? | Once…. 1  Incorrect Response 2  No Response 3  Don’t Know 98 |  |
| 2 | Please describe how to put the condom on the man's penis. | Pinch the tip of condom and roll down …………………………………………….1  Incorrect Response 2  No Response 3 Don’t know 98 |  |
| 3 | From where did you get the knowledge about condom use? | From PE 1  From NGO staff 2  HIV/AIDS committee………………….….3  Factory health staff……………………….4  From friends………………………………….5  Don’t remember 6  No Response 7  from other……………………………..…….99 |  |
| 4 | Did you have sex during last 3 months? | Yes – 1, No – 2 |  |
| 5 | How often do you use condom? | Every time 1  Often…. 2  Rarely 3  Never 4  Cant say 5 |  |

**SECTION 7: KNOWLEDGE ABOUT SEXUALLY TRANSMITTED DISEASES AND AIDS**

*Now let's talk about some illnesses related to reproductive health.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Have you ever heard of diseases that can be transmitted through sexual intercourse? | Yes 1  No 2  No Response 9 | Go to Q5 |
| 2 | Where or from whom did you learn about sexually transmitted diseases? (multiple answers possible) | Television 1  Radio 2  Posters/Leaflet 3  GF Clinic Staff 4  Private clinic staff 5  NGO staff………………….…………………..6  From friend 7  MSG........................………………………8  HIV/AIDS committee ……………………9  No Response………………………………. 10  Don’t know 98  Others (Specify) ………………………..…99 |  |
| 3 | Which sexually transmitted diseases have you heard about? (multiple answers possible) | Syphilis 1  Gonorrhea 2  Herpes 3  Genital Warts 4  Trichomonas 5  AIDS 6  No Response 7  Don’t know 98  Others (Specify)…………………………..99 |  |
| 4 | What signs or symptoms would cause someone to seek treatment for sexually transmitted diseases? (multiple answers possible) | Lower abdominal Pain 1  Vaginal discharge 2  Urethral discharge…………………………3  Burning Pain on urination 4  Genital ulcers/sores 5  Swelling in groin area 6  Itching 7  No Response 8  Don’t know 98  Others(Specify) ……………………….……99 |  |
| 5 | How is HIV/AIDS spread? (multiple answers possible)  (To be asked to those who have heard about the HIV AIDS before) | Unprotected sexual course with infected person 1  Through a blood transfusion 2  Sharing a needle 3  Mother-to-child 4  Breast feeding………………………………5  No Response 6  Don’t know 98  Others (Specify) ………………………..…99 |  |
| 6 | How can the spread of HIV/AIDS be prevented? (multiple answers possible)  (To be asked to those who have heard about the HIV AIDS before) | Abstain from sex 1  Be faithful 2  Use Condom correctly 3  Limit number of sexual partners. 4  Avoid sex with prostitutes 5  Avoid sex with people who has many sexual partners 6  Avoid sex with people who  inject illegal drugs 7  Avoid blood transfusion 8  Avoid injections or sharing needles/syringes 9  Avoid sharing razors, blade and nail clippers .10  Avoid kissing .12  Avoid mosquito bites .13  No Response 14  Don’t know 98  Others(Specify)……………….……….....99 |  |
| 7 | How can the spread of sexually transmitted diseases be prevented? (multiple answers possible) | Use condom during sex 1  Abstinence from sex 2  No Response 3  Don’t know 98  Others (Specify) ………………….……….99 |  |
| 8 | Did you ever have genital discharge and or genital ulcer in the last 6 months? | Yes 1  No 2  No Response 3  Don’t know 98 | Go to sec tion 8 |
| 9 | Did you do any of the following the last time you had a genital ulcer/sore or genital discharge:  READ OUT.MORE THAN ONE ANSWER IS POSSIBLE. | Seek advice/medicine from a government. clinic or hospital 1  Seek advice/medicine from a GF clinic ……….…………………………………………….2  Seek advice/medicine from a private clinic or hospital 3  Seek advice/medicine  from a pharmacy 4  Seek advice/medicine  from a traditional healer 5  Took medicine you had  at home 6  Tell your sexual partner  about the discharge/ STD 7  Stop having sex when  you had the symptoms 8  Use a condom while sexual intercourse during the time  you had any symptoms 9  Did not do any things………………..…10  Don’t remember……………………..…11 |  |

**SECTION 8: KNOWLEDGE ABOUT THE RISKY BEHAVIORS**

*Now, I'd like to ask you some questions regarding behavior patterns that may lead to STDs or HIV/AIDS. I will read an activity and then ask you if the activity has Not likely transmission, Likely transmission, or Very likely Transmission.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Caring for someone with AIDS | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |
| 2 | Sex without a condom with a prostitute | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |
| 3 | Penetrative sex with a condom | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |
| 4 | Mosquito bites or other insect bites | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |
| 5 | Sharing a needle and syringe | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |
| 6 | A man and woman receiving oral sex | Not likely 1  Likely 2  Very likely 3  No Response 4  Don’t know 98 |  |

**SECTION 9: NUTRITION, MATERNAL, CHILD HEALTH and HYGIENE KNOWLEDGE AND PRACTICE**

*Now I would like to talk about nutrition, maternal child health and hygiene*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | To be healthy, people should eat food from various food groups. Can you name those food groups?  (more than one answer) | Meat, fish, egg……………………..……......1  Fruit and vegetables …………….………..2  Fat, oil, sugar……………………………..……3  Dairy products…………………………….…..4  Don’t know……………………………….……98  Other (Specify) ………………………...…..99 |  |
| 2 | How often do you eat: 1. Fruit/vegetables..  2. Fish/meat/egg….  3. Fat, oil, sugar…..  4. Dairy product…..  1. every meal  2. once a day  3. once a week  4. only when I can afford it  5. never eat | 1…….…2……....3……….4……....5  1….……2….…...3……….4……....5  1…….…2……....3…….…4….…...5  1…….…2……....3….……4……....5  Don’t know……………………………..……98  Other (Specify) …………………………....99 |  |
| 3 | Poor nutrition can cause:  (more than one answer) | Fainting/dizziness………………………..….1  Anemia…………………………………….……..2  Low body defense to diseases……..…3  Malnutrition……………………………….…..4  Loss of hair and teeth…………………..…5  Underweight new born babies……….6  Don’t know……………………………..…….98  Other (Specify) …………………………....99 |  |
| 4 | What are the barriers that stop you from eating a well balanced diet?  (more than one answer) | Cost………………………………………..……..1  Availability of food ……………………....2  Lack of knowledge ………………….…..3  Lack of time for food preparation...4  Don’t know……………………………………98  Other (Specify) ……………………………..99 |  |
| 5 | What is the initial sign to know a woman is pregnant?  (only one answer) | Nausea/vomiting…………………………....1  Dizziness/fainting/headache…………..2  Want to eat sour food…………………...3  Want to eat unusual things………….…4  Missing a menstrual cycle………….…..5  Don’t know……………………………………98  Other (Specify) ……………………………..99 |  |
| 6 | How many months pregnant should a pregnant woman has received a first antenatal care for her pregnancy?  (only one answer) | In the first month …………………………..1  In the first three months…………….……2  At six months…………………………………..3  Close to deliver day…………………….…..4  When having health problem……..….5  When having free time……………………6  Don’t know………………………………….…98  Other (Specify) ……………………………..99 |  |
| 7 | Where is a safe place should a pregnant woman receives antenatal care?  (more than one answer) | Health Center…………………………..….….1  Public Hospital…………………………………2  NGO Clinic……………………………………….3  Private Clinic…………………………………...4  Traditional Birth Attendance………..…5  Family members………………………..….6  Traditional Healer…………………………7  Don’t know……………………………..……98  Other (Specify) …………………………....99 |  |
| 8 | Which foods are best for a child under 6 months of age?  (only one answer) | Breast milk………………………………….…..1  Infant formula………………………………….2  Rice/food/water……………………..………3  Cow’s milk…………………………………..…..4  Don’t know……………………………….……98  Other (Specify) ……………………………..99 |  |
| 9 | When should you wash your hands?  (more than one answer) | Before using the toilet…………………...1  After using the toilet………………………2  After changing baby’s nappy………….3  Before preparing & cooking food…..4  Before eating food………………………...5  Before breast feeding..………………….6  Don’t know……………………………….….98  Other (Specify) ………………………..…..99 |  |
| 10 | Do the food vendors at the garment factory you work at have good hygiene habits?  (more than one answer) | Yes, they wash their hands before serving food……………………………….…..1  Yes, they always look clean…………...2  Sometimes they look clean…………….3  No, they never wash their hands…..4  Their utensils are not clean……………5  Don’t know……………………………………98  Other (Specify) ………………………..…..99 |  |

**Total 68 questions**

**THANK YOU FOR YOUR TIME**

## 5.2 Interview Guidelines for the Supervisors

The Focus Group discussion will be carried out only with the supervisors. We can have 2 FGDs with 2 different factories. It would be good to choose the factories other than those where we are already conducting the case studies. This way we can cover 4 factories during the baseline survey.

|  |  |  |
| --- | --- | --- |
| **Introduction and Consent Form (read to ask for interviewing)** | | |
| Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. We are a team from CARE, HC and we working for a project titled “Sewing for Brighter Future” which aims to increase access to sexual/reproductive health and HIV/AIDS information, microfinance/savings tools and mechanisms, health insurance, and other social protection services for young garment factory workers and reduce their vulnerabilities/risks as young economic migrant workers.  We would like to ask some questions about the rules regulations and the working condition in your factory. The information you provide will help us to plan out project interventions in a better way and will help us in knowing whether we are successful in our objective.  The questions will take about 45 minutes to complete. Any information that you give will be confidential; your identity will not be shown to anybody in and outside your organizations.  Your views are important to us and we hope that you can join in our survey. If you do not want to, you are free to say no. You can choose not to answer any or all questions, and you can stop the interview at any time.  *Before you decide if you want to join our survey, do you have any questions for us?* | | |
| Recorder to sign here to confirm that the interviewer read consent form |  |  |
| Date |  |  |

Interview date: \_\_/\_\_/\_\_

Garment Factory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of interviewee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interview Questions:**

1. Name, age and gender of the supervisor?
2. Which place are you from?
3. How long have you been working in this factory?
4. How do you recruit the factory workers? Explain in detail.
5. What kind of skill do you look for in the workers?
6. Do you have any set criteria and minimum eligibility for selecting the workers?
7. Do you have a formal contract for hiring the workers?
8. Usually for how long do you recruit the factory workers?
9. Do you conduct any orientation and/or training for the workers before they start working in the factory? What are the topics on which the workers get trained and/or orientated?
10. What are the main challenges you face in hiring the workers?
11. How and what kind of support do you provide to the workers?
12. Do you have any challenge in providing any support to the worker?
13. What kind of support you need for supporting the workers of your factory?
14. Do you have any code of conduct, policy and safe employment protocols which you follow?
15. IF not, then what are the challenges in having the various policies and protocols for the workers? What kind of support is required?
16. Do you provide any support in terms of guidance and monetary or other benefits to the workers who are made redundant?
17. What are your main challenges and what kind of support and training is required so that you can manage your workers well?

## 5.3 Focus Group Discussion Guide with HIV/AIDS Committee

In order to help facilitate better implementation of its project, CARE needs to seek understanding of real situations of female garment workers and HIV/AIDS Committee, who have directly conducted their tasks relating to their experience in receiving information about HIV/AIDS and Workplace Policy on HIV/AIDS. With this purpose, the project needs to discuss with 2 groups of HIV/AIDS Committee in garment factories, with one group of 7, who:

1. Work in the same factory;
2. Are members of HIV/AIDS Committee and have at least one year experience in providing information on HIV/AIDS and applying Workplace Policy on HIV/AIDS;
3. Are members of HIV/AIDS Committee and have experience and better understanding of working systems in factories and every challenges they face; and
4. Are members of HIV/AIDS Committee and reside in urban and rural areas of Cambodia.

**Steps to follow:**

* Names of interviewees and factories shall be kept secret and anonymous;
* CARE shall seek interviewees’ signatures on consent forms (The form is given by CARE Information program); and
* Interviewees are assured of any risk and that all information they give will be used in researches of the project rather than in other purposes.

**Introduction**

We are CARE staffs. CARE, in cooperation with the Ministry of Labor and Vocational Training, Cambodian Women’s Association (CWA) and Cambodia Business Coalition on AIDS (CBCA), which are CARE partners, are conducting an evaluation of Sewing for a Brighter Future (SHF) project at eight garment factories in Phnom Penh and Kandal province. The SHF project aims to increase access to sexual and reproductive health services and HIV/AIDS information; savings and remittance services; health insurance; working conditions; and other social protection services for garment factory workers (GFWs); and, ultimately, to reduce their vulnerabilities as young migrant workers. The project commenced and ended in 2010 and 2011, respectively.

We would like to discuss with you all your knowledge about HIV/AIDS, Workplace Policy on HIV/AIDS, roles and responsibilities of HIV/AIDS Committee as well as educational activities regarding HIV/AIDS in the workplace. All information you give us will help us to better organize the project’s strategies and to know whether we have succeeded as planned. The discussion will last 1 hour and 30 minutes. The information you give will be kept confidential. The notes we take will not be seen by your colleagues and others. Your information is of vital importance to us and we hope you can be involved in the discussion. You can decide to either voluntarily join or not to join the discussion. During the discussion, you can reject any questions or can stop the discussion at any time. **Do you allow us to discuss with you? Before you decide, do you have any question?**

1. **First, we wish to discuss HIV/AIDS with you**
2. What are the differences between HIV and AIDS? Explain. Would you mind telling us some of your knowledge about HIV and AIDS (how they are transmitted, how to prevent them and their consequences)?
3. What do you think is the importance of HIV/AIDS and Workplace Policy on HIV/AIDS? How does Workplace Policy on HIV/AIDS benefit employees and employers? Describe.
4. **Second, we would like to discuss with you the help given to HIV-positive persons and those infected with AIDS in order for them to access medical treatment and health care services.**
5. How do we know that a person is HIV positive? Where can they go to have their blood tested for HIV, the result of which is kept secret? What are benefits of having the blood tested for HIV?
6. If anyone is HIV positive or infected with AIDS, what do you do to them?
7. How does your workplace refer HIV-positive and AIDS-infected people in order for them to receive medical treatment and health care services? Please describe the referral.
8. **Third, we would like to discuss with you educational activities in terms of the dissemination of HIV/AIDS in the workplace.**
9. Would you mind describing educational activities conducted relating to the dissemination of HIV/AIDS in your workplace in order to help garment workers prevent themselves from HIV/AIDS?
10. What else do you need to boost your capacity for the implementation of HIV/AIDS program in the workplace?
11. Do you cooperate with any working teams, whose tasks are related to HIV/AIDS program in your workplace? Please describe them.
12. **Last, we would like to discuss with you roles and responsibilities of HIV/AIDS Committee in the workplace.**
13. Based on your own experience, would you mind telling us about the roles and responsibilities of HIV/AIDS Committee and its benefits in the workplace?
14. To successfully implement Workplace Policy on HIV/AIDS, what do you do?
15. What has benefited you and your friends and family after you are involved in HIV/AIDS program in the workplace?
16. What important areas do you think you and other workers have changed following your membership of HIV/AID Committee in the workplace? Give an example.
17. What are your plans to keep HIV/AIDS Committee in your workplace going?

**Before we finish our discussion, do you have any request?**

**Thank you for your participation.**

## 5.4 Focus Group Discussion Guide for Health

In order to help facilitate better implementation of its project, CARE needs to seek understanding of female garment factory workers’ real situations related to their experience in access to information about sexual and reproductive health services, HIV/AIDS and birth spacing. With this purpose, the project wishes to discuss with one group of female garment factory workers and the other of male garment factory workers. One group has 7 members, who:

1. Work in the same factory;
2. Have at least one year working experience in the same factory;
3. Have experience and better understanding of working systems in garment factories and every challenges they face; and
4. Reside in urban and rural areas of Cambodia and are 18-29 years old.

**Steps to follow:**

* Names of interviewees and factories shall be kept secret and anonymous;
* CARE shall seek interviewees’ signatures on consent forms (The form is given by CARE Information program); and
* Interviewees are assured of any risk and that all information they give will be used in researches of the project rather than in other purposes.

**Introduction**

We are CARE staffs. CARE, in cooperation with the Ministry of Labor and Vocational Training, Cambodian Women’s Association (CWA) and Cambodia Business Coalition on AIDS (CBCA), which are partners, is conducting an evaluation of the Sewing for a Brighter Future (SHF) project at eight garment factories in Phnom Penh and Kandal province. The SHF project aims to increase access to sexual and reproductive health services and HIV/AIDS information; savings and remittance services; health insurance; working condition; and other social protection services for garment factory workers (GFWs); and, ultimately, to reduce their vulnerabilities as young migrant workers. The project commenced and ended in 2010 and 2011, respectively.

We would like to discuss with you sexual health and knowledge related to HIV/AIDS, birth spacing, nutrition, maternal and infant health and hygiene. All information you give us will help us to better organize the project’s strategies and to know whether we have succeeded as planned. The discussion will last 1 hour and 30 minutes. The information you give will be kept confidential. The notes we take will not be seen by your colleagues and others. Your information is of vital importance to us and we hope you can be involved in the discussion. You can decide to either voluntarily join or not to join the discussion. During the discussion, you can reject any questions or can stop the discussion at any time. **Do you allow us to discuss with you? Before you decide, do you have any questions?**

1. **First, we would like to discuss birth spacing methods with you.**
2. Would you mind telling us about birth spacing methods that you know or hear and the places where you receive such information?
3. Of the birth spacing methods, which one are you using? Would you mind describing to us knowledge and experience that you have in using such birth spacing method and the place where you access it.
4. Would anyone tell us about how to use condoms properly?
5. **Second, we would like to discuss STDs and HIV/AIDS with you.**
6. What does STDs mean to you? Explain. What about HIV/AIDS? What do they mean to you?
7. Would you please tell us about your knowledge in which you know, hear or see STDs (names of STDs, how to prevent STDs and their symptoms and consequences)?
8. When a person suspect that he/she is infected with STDs, what does she/he do?
9. When does she/he need to seek medical treatment for STDs?
10. **Third, we wish to discuss access to health service information and use with you.**
11. As per your own experience, when you have health-related issues, what do you do? Would you please tell us about the name of health services that you know and the places which provides such services?
12. Would you mind telling us about the places which you, your friends and garment factory workers go to for health services and what encourages you, your friends and garment factory workers to go there for health services?
13. Who pays for medical fee when you and your family member have health-related issues?
14. **This time, we wish to discuss access to information in the garment factory with you.**
15. Based on your knowledge, is there anyone or any group disseminating sexual and reproductive health, HIV/AIDS and health insurance?
16. What are activities that you are involved in with the teams and what is information that you receive from your involvement in such activities?
17. What do they benefit you and your family and friends?
18. Following your involvement in such activities and receipt of such information, what important areas do you think you have changed in your life? Give an example.
19. What are barriers that make you difficult to change? Explain.
20. **Finally, we would like to discuss nutrition, maternal and infant health and hygiene with you**.
21. Would you please tell us about food groups that you know? What benefits do you think we gain when we properly and sufficiently eat such food? If we don’t properly and adequately eat such food, what health-related issues will we face?
22. What food do you think children below 6 months should eat? Why do you think so? Explain.
23. Based on your understanding, what should be done to avoid being infected with a virus that enters [the body] through the mouth?
24. When a woman is pregnant, what should she do? When do pregnant women have to get her pregnancy checked? Where do you think is safe for pregnant women when she has her pregnancy checked?

**Before we finish our discussion, do you have any request?**

**Thank you for your participation.**

## 5.5 Focus Group Discussion Guide for Better Working Conditions

To help us in better implementation of the project we need to understand the real situation of the factory workers in terms of their experience with the better working condition and the challenges with the working environment. For this purpose it is planned to conduct focus group discussion with two groups of factory workers who satisfy the following criteria.

1. The worker should have experience of at least 1 year for working in the same garment factories. Experienced women will have a better understanding about the system and the challenges which they face.
2. The worker must have worked in more than 1 factory. This will help in comparing the experiences which she has.
3. The home town of the respondent can be in the rural or urban areas of Cambodia. This will help us in getting the idea about the living conditions which they have in Phnom Penh.

**Steps to follow:**

* The name and the factory of the respondent must be kept confidential and anonymous.
* CARE needs to take their approval on the consent letter (the format to be provided by PCM) from the respondent.
* The respondent must be assured of security that the information provided by them will not be used for any other purpose than the research for the project.

**Introduction:**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_. We are a team from CARE and we are working for a project titled “Sewing for Brighter Future” which aims to increase access to sexual/reproductive health and HIV/AIDS information, savings, sending remittances tools and mechanisms, health insurance, better working condition and other social protection services for young garment factory workers and reduce their vulnerabilities/risks as young economic migrant workers. The project is working in 8 garment factories in Phnom Penh City and Kandal province from 2010 to 2011.

We would like to discuss with you all about your experience with the better working condition and the challenges with the working environment. The information you provide will help us to plan out project interventions in a better way and will help us to know whether we are successful in our objective.

The discussion will take about 1hour and 30 minutes to complete. Any information that you give will be confidential; your identity will not be shown to anybody in and outside your organizations.Your views are important to us and we hope that you can join in our survey. If you do not want to, you are free to say no. You can choose not to answer any or all questions, and you can stop the interview at any time. *Before you decide if you want to join our survey, do you have any questions for us?*

1. **First, we would like to discuss with you all about labor contract in your workplace.**
2. Would you please describe how you were recruited for this job and also tell me about your contract of your current job. Who helped you to complete these documents?
3. As a Cambodian nationality work as worker (for wages) in private factories, enterprises, what are the supporting documents that you need to have? Why you need to have these documents? If you don’t have please explain.
4. **Second, we would like to discuss with you about your working hour.**
5. Would you please tell me about your working hour in your current job?
6. How many working hours per day, night, month? How much overtime you have per day, month?
7. Have you ever have any problems with your working hour? What problems you have?
8. How do you deal with those problems? Who help you in solving problem?
9. **Third, we would like to discuss with you about your wage.**
10. Would you please tell me about your wage for your current job and how do you calculate your monthly wage, over time rate? If you don’t know how would you do?
11. Have you ever have any problems with your wage? What problems you have?
12. How do you deal with those problems? Who help you in solving problem?
13. **Fourth, we would like to discuss with you about your leave and holiday.**
14. What are the leaves and public holidays you have for your current job? Please explain about all leaves and holiday you have in detail.
15. If you are required to work on public holiday how do you calculate your holiday paid? Please give me an example.
16. **Now, we would like to discuss with you about working environment in your factory.**
17. Who helps you or your friend in solving problem related to your work in factory?
18. How does your supervisor support you?
19. Who else that you can get support for solving problem? How do they support you?
20. Suppose you or your friends become redundant from the current job then what will be your next option for the job?
21. What kind of support was provided by your previous factory when you or your friends were made redundant?
22. Do you know about any vocational training skills? Tell us about the training you know and how do you know?
23. **What do you need to know to help you in working with garment factory?**

**THANK YOU SO MUCH FOR YOUR TIME**

## 5.6 Focus Group Discussion Guide on Savings and Remittances

In order to help facilitate better implementation of its project, CARE needs to seek understanding of female garment factory workers’ real situations related to their experience in access to information about savings and remittances. With this purpose, the project wishes to discuss with two groups of female garment factory workers composed of 7 members, who:

1. Work in the same factory;
2. Have at least one year working experience in the same factory and have experience and better understanding of working systems in garment factories and every challenges they face;
3. Worked in more than one garment factory, which helps them to compare experience they have undergone; and
4. Reside in rural areas of Cambodia and are 18-29 years old as they will give their idea about their living condition in the city and their experience in sending remittances to their rural home.

**Steps to follow:**

* Names of interviewees and factories shall be kept secret and anonymous;
* CARE shall seek interviewees’ signatures on consent forms (The form is given by CARE Information program); and
* Interviewees are assured of any risk and that all information they give will be used in researches of the project rather than in other purposes.

**Introduction**

We are CARE staffs. CARE, in cooperation with the Ministry of Labor and Vocational Training, Cambodian Women’s Association (CWA) and Cambodia Business Coalition on AIDS (CBCA), which are partners, is conducting an evaluation of the Sewing for a Brighter Future (SHF) project at eight garment factories in Phnom Penh and Kandal province. The SHF project aims to increase access to sexual and reproductive health services and HIV/AIDS information; savings and remittance services; health insurance; working condition; and other social protection services for garment factory workers (GFWs); and, ultimately, to reduce their vulnerabilities as young migrant workers. The project commenced and ended in 2010 and 2011, respectively.

We would like to discuss with you information related to access to savings and remittance services. All information you give will help us to better organize the project’s strategies and to know whether we have succeeded as planned. The discussion will last 1 hour and 30 minutes. The information you give will be kept confidential. The notes we take will not be seen by your colleagues and others. Your information is of vital importance to us and we hope you can be involved in the discussion. You can decide to either voluntarily join or not to join the discussion. During the discussion, you can reject any questions or can stop the discussion at any time. **Do you allow us to discuss with you? Before you decide, do you have any questions?**

1. **First, we would like to discuss with you related to sending remittances.**
2. Would you please tell us about your experience in sending remittances to your family at your homeland (the amount of remittances, frequency of sending remittances, means of sending remittances, issues that you face and solutions)?
3. What do you think of your means of sending remittances? Why do you think so?
4. Would you please tell us about your experience in sending remittances to your homeland through micro-finance institutions or banks (names of micro-finance institutions or banking, how much, how often, means of sending remittances, problems that you face and solutions)?
5. What do you think if you compare when you send remittances through micro-finance institutions or banks and other means that you have used? Why do you think so? What do you think if micro-finance institutions provide remittance service directly in the factory for you and your friends?
6. **Second, we wish to discuss savings with you.**
7. Would you please tell us about your experience in savings, though in any means [keeping with your parents and siblings; purchasing and keeping valuable items; raising animals; lending; Tontine (a kind of informal savings), etc.] and problems that you face in savings and solutions?
8. What do think of your way of saving? Why do you think so?
9. Would you please share your experience in saving at micro-finance institutions or banks (names of micro-finance institutions or banks; how to deposit and withdraw; challenges; and solutions)?
10. What do you think if you compare when you save at micro-finance institutions or banks and other means that you have used? Why do you think so?
11. What do you think if micro-finance institutions provide saving service directly in the factory for you and your friends?
12. **Finally, we wish to discuss access to information in the factory with you.**
13. Based on your knowledge, is there anyone or any group disseminating budget management (income, expense planning, savings, remittances, borrowing)? What do they do for female garment factory workers?
14. What are activities that you are involved in with the teams? Would you please describe what you gain from your involvement in such activities?
15. What do they benefit you and your family and friends?
16. Following your involvement in such activities and receipt of such information, what important areas do you think you have changed in your life? Give an example.
17. What are barriers that make you difficult to change? Explain.

**Before we finish our discussion, do you have any request?**

**Thank you for your participation.**

1. The SBF Project baseline survey was conducted in April 2010 with 125 female GFWs in 5 factories, 4 female GFWs in 2 factories participated in FGDs and 4 HR/Admin staff members in 2 factories were interviewed. [↑](#footnote-ref-1)
2. Cambodia’s Garment Industry Rebounds from the Global Economic Downturn, ILO and BFC, April 2011 [↑](#footnote-ref-2)
3. The government announced plans to introduce a national health insurance program for garment workers in 2011, making it compulsory for garment factories to pay for health insurance for workers, and to comply with the National Social Security Fund (NSSF) in 2012. Discussions are still ongoing in 2012 as to the practical implications and implementation. [↑](#footnote-ref-3)
4. Care Cambodia Sewing For a Brighter Future Project Proposal to Levi Strauss Foundation, November 15, 2009 [↑](#footnote-ref-4)
5. Education Strategic Plan 2009-2013, Ministry of Education, Youth and Sports, September 2010 [↑](#footnote-ref-5)
6. Cambodia’s Garment Industry Rebounds from the Global Economic Downturn, ILO and BFC, April 2011 [↑](#footnote-ref-6)
7. Ibid [↑](#footnote-ref-7)
8. GFW minimum wage was raised from USD 50 to USD 61 in June 2010, after the baseline survey was completed. [↑](#footnote-ref-8)
9. CDHS 2010 shows 10.4% use of “injectables” by married women and 6.4% use of “injectables” by all women, compared to male condom use of 2.7% and 1.7% by married and all women respectively [↑](#footnote-ref-9)