PLA TOOLS IN ACTION

Lessons Learnt During a Sexual Health Needs Assessment with Cambodia’s Young Garment Workers

CARE International in Cambodia
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ABBREVIATIONS ACRONYMS

AIDS  Acquired Immuno-deficiency Syndrome
CHED  Cambodian Health Education Development
EC    European Community
HIV   Human Immuno-deficiency Virus
LNGO  Local Non-Government Organisation
PLA   Participatory Learning and Action
RH    Reproductive Health
RHAC  Reproductive Health Association of Cambodia
STDs  Sexually Transmittable Diseases
UNFPA United Nations Population Fund
USAID United States Agency for International Development
VO    Visual Output - (a map, drawing, lists produced by the participants)
WDA   Women Development Association

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Without the dedication, the will to learn and the confidence to try new techniques none of the research would have been possible. The research team adapted and applied the tools, analysed the findings and presented their work. The research team comprised of

Morn Vanna  Medical Assistant  Women's Development Association
Noun Ren     Midwife          Women's Development Association
Pang Phearum Midwife        Reproductive Health Association Cambodia
Ros Vantha   Medical Assistant CARE International
Soch Kuntea  Midwife         Reproductive Health Association Cambodia
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The research team would have been unable to analyse their work without the written notes and the practical support and help of the note takers: Kak Thavery and Nob Sothea Rattan of the National Centre for Health Promotion and Soth Sina of Care International in Cambodia.

None of us would have been able to apply PLA tools or analyse the notes without transport and sustenance. Orm Sokea kept all the piles of photocopied field notes and visual outputs in order, took control of organising refreshments and cars, whilst En Touch and Khoun Yun helped buy and distribute the food. Additionally many thanks to CARE’s drivers and administrative staff without whom the smooth running of the project would not have been possible.

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EXECUTIVE SUMMARY

This document reports the experiences of using a participatory approach to a sexual health needs assessment. The research of the needs assessment was conducted by the Sexual and Reproductive Health Project at CARE International in Cambodia, and its partner organisations, Cambodian Health Education Development, Reproductive Health Association of Cambodia and Women's Development Association. Preparation for the research began in November 1998, actual data collection using participatory learning and action tools was field tested in Battambang a northern province of Cambodia during February 1999. From March to June of the same year PLA tools were used to gain an appreciation of life in the city for the young factory workers; health including sexual health and attain an insight into young people’s sexual practices and relationships.

A total of 17 young people from three factories attended two - three full days of participatory activities, the participants were aged between 15 to 24 years, of whom 75 per cent were female broadly reflecting the balance of the workforce within the factories. A detailed account of the research findings can be found in "Sewing for a better future?" Alexandra Maclean which is available from CARE International in Cambodia.

This report is aimed at practitioners of participatory approaches. The first two sections offer the reader information to put the PLA tools and the research into context of the project and of the needs of the country. Section three details the tools that were implemented by the team of researchers, and the lessons learnt from their application, this section is intended to be of practical help. Section four describes the records that were kept and section five concludes the report.

The application of a participatory approach is a process and therefore to capture a moment in time and report a summary of lessons learnt proves difficult. However, that said, within this project during the time it took to undertake the research the fundamental lesson that was learnt was the need for a longer period of time (longer than four months). A second important lesson was the need to develop the concept of participatory approaches to health assessment and interventions. The application of participatory tools pertaining to empowering the group of participants would then have required less repetition from advisors. The repetitive suggestions of the advisors fell into two divisions:

* The researcher must leave the participants alone to complete the activity;
* The researcher must ask probing questions to understand the exact meaning of visual outputs, statements, opinions or beliefs held by the young factory workers about life, health and sexual relationships.

This however proved and proves difficult to be a lesson (learnt as it is a puzzling problem to learn from. It seems impossible to develop practical facilitation or moderating skills based on a concept alone, some actual experience must be applied, observed and practised before further development of communication skills can be realised.

The process of developing and enhancing a participatory approach to sex education and clinical service delivery is continuing after this report. Through the implementation of PLA as a research tool, topics of empowerment, problem-solving and the importance of verbal, non-verbal and non-judgmental communication were re-introduced. Without the practical application of PLA tools, the additional funding secured to implement the participatory research and the strengthened team support that it inspired, absolute concentration on these core principles of participation would not have been possible.
PLA tools in action

SECTION ONE – INTRODUCTIONS

1 BACKGROUND
The sexual health needs assessment reported in this document was conducted as an integral element of the Sexual and Reproductive Health Project (RAS/98/P11). It is funded from UNFPA/EC and CARE. FOCUS on Young Adults in collaboration with CARE entered into an agreement under which Participatory Learning and Action (PLA) methods implemented by CARE Zambia, were field tested in Cambodia for the assessment of sexual health needs. Sexual health needs are defined by this sexual health project as the knowledge, attitudes, skills and abilities required to make safer sexual decisions in all areas of sexual being. Reproduction is one of the choices available.

This sexual health needs assessment had three purposes:
* To act as a baseline against which the effect of future project activities can be measured.
* To give the project staff an appreciation of the living and working context within which safe sexual decisions were being made by the target population.
* To enable the project staff to learn and enhance skills required for effective communication and health promotion activities.

In brief the needs assessment of this young group of workers aged between 15 - 24 years, concluded that undermined by rumour and compounded by poverty, many were making sexual health decisions from a confused base of fragmented factual knowledge

2 PURPOSE OF THIS REPORT
The aim of the report is to document our experiences of field-testing PLA tools with young people, in particular garment factory workers in Phnom Penh, Cambodia. It is aimed at people who have knowledge of PLA but who seek to understand how it was used in Cambodia, what was successful and what lessons were learnt. This report does not contain any detailed research findings.

There are two other reports produced from this participatory needs assessment:
* "PLA” is the simply titled report of analysis and interpretation of research findings in Khmer by the Cambodian research team. This report is aimed at service providers and practical researchers. The research team comprised of midwives, medical assistants and health educators from CARE and their local partner organisations. This was their first experience of research design, PLA research, analysis and report writing.
* “Sewing for a Better Future? Discussions with young factory workers about life, work and sexual health,” Alexandra Maclean, is a report in English that has detailed analysis and interpretation of the research findings. These reports are available from CARE International in Cambodia.

3 CAMBODIAN CONTEXT
Cambodian society is strongly hierarchical and patriarchal. Powerful social norms govern the sexual attitudes of men and women. Hierarchical power relationships and perceived loyalty were important to survival in the brutal Khmer Rouge regime and continue to be an important feature in Cambodian society today. The powerful, however, gain their strength from the weak and vulnerable and, as in most patriarchal societies women are the more vulnerable group.

Often the fate of a woman depends upon her parents choosing a 'good' man and on the man being knowledgeable and caring. It is not uncommon for men both single and married to talk openly about visiting brothels where they can pay women for sex. In contrast, it is commonly assumed that a married woman will remain monogamous to her husband and the virginal woman will defend

1 Safer decisions are those whereby no harm is brought to partners in sex. 'Harm' is less easy to define considering the potential social and psychological damage in addition to the physical bodily harm of infections or unwanted pregnancies.
her 'good' reputation. For factory workers this is a harder feat than it sounds. All those working in the factory can lose their reputation if one colleague is deemed to have done something 'bad.'

'Bad' is a word most often used to describe women who sell sex, and those who have sex outside marriage. Its use is a little like 'slag' or 'slut' in English, a term with an elastic definition that makes it difficult to defend. Thus with the exception of the heterosexual man and married woman, people who find themselves outside this social norm, face substantial barriers that prevent access to sexual health and educational services.

4 THE PROJECT AND RATIONALE

The sexual and reproductive health project at CARE International has three purposes designed to challenge some of these barriers to services:

1. To contribute towards increased knowledge and awareness of RH amongst at least 10,000 out of school youth and train 50 health providers in RH;
2. To contribute towards building national capacity among at least two Local Non Governmental Organisation (LNGOs.)

Underpinning these objectives is the belief that gender, expression of sexuality and the reality of poverty present major obstacles to a person's ability to make safer sexual decisions. The project's approach is one of capacity building through education and experiential learning. This project aims to empower and facilitate confidence to challenge the 'norms' that create such inequalities to accessing services and to accessing knowledge that can be internalised and translated into positive action.

CARE's project took its three LNGO partners through the process of participatory action research from design and adaptation of research tools to their application, analysis and report writing. It is anticipated that this learning experience will enable the LNGO staff to design health interventions based upon the expressed needs of the target population. Moreover, it is hoped that they will be in a stronger position to contribute towards the formulation of a proposal for future activities in sexual health.

5. RATIONALE FOR USING PARTICIPATORY LEARNING AND ACTION

PLA tools enabled the project to act on its fundamental principles of empowerment and confidence building through experiential learning, whilst challenging the beliefs that can make safe choices rhetoric rather than reality. Building capacity in this context is defined as confidence gained through completing activities and analysis of the information, both for the participants of the research and the researchers who adapted and implemented a new research methodology.

In addition, the researchers in their role as service providers, gained confidence through improved communication skills. Existing skills were challenged, discussed and enhanced so that the researchers were able to go beyond reported behaviour and constructed images of sexuality to find the reality.

The areas under assessment were those related to the social context in which young people were making health-related decisions. The following objectives were formulated to offer guidance on areas of the young people's lives perceived as important:

5.1 Research Objectives

- To understand young people's decision-making regarding sexual health and health seeking behaviours;
- To explore issues related to young people's relationships with each other, service providers, family members, factory management and other community members;

2 In Khmer the closest translation is the word 'broken', as in a broken machine.
3 Wherever RH is written reference should be made to the earlier definition of safer sexual decisions.
* To identify communication channels about reproductive health information and barriers to service utilisation in order to select points of intervention.

To achieve these objectives, it was decided with the project advisor, research team, and FOCUS consultant that four groups of young workers per factory would enable the project to gain an insight into the lives and sexual health needs of the young workers. Each group consisted of seven participants, three groups of seven were women and one group of seven men. Sub-heading 7.2 discusses the selection of the participants. How well these objectives were achieved is summarised in Section Five.

6. PREPARATION FOR PARTICIPATORY LEARNING AND ACTION

6.1 Additional funding

The project advisor within CARE International in Cambodia, with support from CARE Atlanta, applied for additional funding through joint programming funds with FOCUS on Young Adults. The additional funding came with a short life span of four months due to pre-arranged commitments between the funders of this research. The project advisor, with the research team, designed the four-month schedule (Section 2:1) and funding of 27,000 USD was secured from the joint programming funds. International Khmer speaking and Cambodian consultants were contacted, recruited and briefed. Co-ordination and co-operation with three NGO partners was managed and access to factories was arranged. Additionally, technical support was available to the project staff throughout the whole process. Finally, 28,000 USD was spent as translation costs had been underestimated.

6.2 Training and education of researchers

The research team (project staff) comprised of four NGO staff, two Ministry of Health (MoH) staff, and two CARE staff. These eight were sub-divided into four groups each of two people, one the researcher and the second a note taker. MoH staff could only work part-time on the project, therefore the core of the research team consisted of NGO and CARE staff. The whole process of research was supported by technical advisors who facilitated participatory learning and encouraged this different approach to research and health promotion. They helped the team to challenge social and cultural beliefs and offered the opportunity for debate and a non-judgmental approach to sex education required for the research. Using PLA as an approach to research is a process and not a means of obtaining "research findings." The use of the word "research" therefore appears to be a misnomer, but this project found it to be useful and help clarify roles.

Early in the needs assessment it became clear to the project advisor that the project staff became confused when they were holding multiple roles at the same time. It was very important for the advisors to help the staff of the partner organisations distinguish between their roles of health educator, midwife, medical assistant, moderator, researcher, or learner. 'Researcher' became the commonly used term and enabled the project staff and the advisors to use one word. This covered the whole process of the research and the desired associated skills from design to presentation and dissemination of reports. 'Researcher' is the term constantly used in this report for all related activities other than those of 'moderating' an activity.

Cambodian Researchers for Development undertook the initial training in preparation for the application of PLA tools. This two-week course covered basic research methods including two PLA tools. Further workshops in November 1998 facilitated by the project advisor using CARE Zambia’s draft field guide covered more theory of PLA, PLA tools, sexuality, gender and questions that needed to be asked to understand young people’s lives (Sub-heading 9). In January 1999, a visiting consultant from FOCUS on Young Adults worked with the project advisor and the research team for a week developing the research objectives, advising on the research design and creating a three-day timetable for the application of PLA tools (Section 2:2).

'Moderator’ opposed to ‘facilitator’ is the word selected by the researchers for use during an activity. Within this report, moderator is used only when there is a direct explanation of a tool.

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PLA tools in action

Each training began with a discussion on the project objectives and research objectives. This was important to keep the researchers focused and put the PLA research and each PLA tool into the context of the whole project.

The tools were initially tested in Battambang, a northern province, by Cambodian Health Education Development (CHED) with technical assistance from CARE. The methods were then revised in March 1999 with plans and discussions on the logistics of access to factories for PLA activities. "If only I had known this before," was a common statement from the researchers during this time and interpreted as a positive self-assessment that a new skill, a deeper understanding or new knowledge had been acquired.

"Research teams are really great, seemed to have learnt much more about PLA methods 'and logistics." (Julie Forder's diary 6 March 17th)

The acknowledgement of constraints was also interpreted as a first step to new understanding.

“One midwife [researcher] previously said that talking about sex was no problem because she was medically trained. However, during the activities she appeared to be uncomfortable talking about sex in a social setting. Yesterday she asked how she could talk about sex…” (Julie Forder’s diary March 23°)

6.3 Training of note takers

Those nominated as note takers attended a week’s workshop and were actively involved in exploring the PLA tools. While the researchers were moderating an activity with their peers, the note takers were documenting by hand and recording the conversation on audio-tape. It was apparent in training, and remained an issue throughout the research, that the note takers were self-selecting what to write regardless of instructions to 'write everything or as much as possible.' Whilst they held the responsibility to write the conversations by hand and maintain the audio-taping of all discussions, they were charged with listening in the break times and evenings to the tapes and then adding to the hand written notes all additional conversation. It remained however, the researcher who was accountable for the field notes and the audio-tapes.

7 ACCESS

7.1 Access to factories

The project staff sought authorisation for their work from the Ministries of Foreign Affairs; Industry, Mines and Energy; Social Affairs and Labour; and Ministry of Health. Additionally, access to the factories was attempted through Garment Manufacturers Association of Cambodia (GMAC). This body was interested but could provide no time for the project staff to present their proposed project activities to factory management and owners. Access was eventually gained through door to door visits. Forty-eight factories were visited in Phnom Penh. Thirty-two agreed to be interviewed (Appendix 1) the time granted for this did not allow for in depth questioning. All expressed interest and reported that a project such as this was important. Seven out of those who expressed a strong interest and asked for help were selected as project sites. The selection was based upon interest and co-operation, number of employees greater than 500, a greater proportion of workers who were female and predominately single.

From interviews with thirty-two factory managers, the majority expressed positive views. The only negative statements were when factory personnel perceived they had a clinic or access to a nearby clinic that was accessible and acceptable for their young work force. Therefore, whilst our project was "a good idea" it was not needed.

"Request CARE to treat STDs and gynaecological problems."
"Have STD clinic near factory."
"Request medical person to work with CARE and request some medicine."
"Good for Cambodian people." (from interviews Dec - Jan 99)

5 Research diaries were kept by the advisors.
The factory managers' perceptions of sex learned from the interviews (Appendix 2) clearly express the socially constructed images of sexuality: men know about sex and infections transmitted during sex but not about contraception, while women do not know about sex, about contraception or infections transmitted during sex. No knowledge was expressed of the link between infections of the genito-urinary tract and easier transmission of HIV during heterosexual sex. Only HIV was considered dangerous, it is assumed that the serious consequences of infections transmitted during sexual activity are not known. The use of questionnaires did not enable the researchers to probe and there was no way to clarify what each respondent perceived "serious" to mean.

Interestingly, during these interviews it was noted that managers often expressed a belief that the women from the rural areas were young and "did not know how to look after themselves" in terms of "...eating ...hygiene ...washing after menstruation ... not using hygienic cotton wool." This is consistent with the young workers' perceptions. However, the reasons expressed by the workers during the needs assessment were reasons beyond their control which stemmed from poverty or difficulty accessing toilets and water, not ignorance. The workers reported great concern about food, in particular, a great worry was that they could not afford to buy fresh nutritious food. There were many reports that access to the toilets during working hours was limited and at times, this was a self-imposed limit; loss of time meant loss of money. An overwhelming majority of the workers however, described the toilets as dirty and/or without water rendering them inaccessible. Whatever the factory managers perceived the causes of poor health to be for their young workforce, most of them expressed positive beliefs to the provision of contraception and information about places for safe abortion. This positive view on sexual health was very encouraging for future access. Unfortunately the expression of a view and the metamorphosis into action are, as yet, worlds apart.

The seven factories selected in December 1998 and January 1999 were contacted again in February and March. For reasons out of CARE's control, none of the original seven were included in the PLA activities.

"Co-ordinator and researcher (to get agreement for project activities) in factories difficult." (Julie Forder's diary Feb 23rd)

"Problems with factories continue. "(Julie Forder's diary Feb 25th)

"[Name of factory selected] closed, 2 others selected have changed their minds." (Julie Forder's diary Feb 27th)

"[Name of another factory] factory owner decided they wanted no help, they have a clinic already." (Julie Forder's diary March 1st)

"PLA activities secured for three factories. Not yet for all [seven] factories." (Julie Forder's diary March 2nd)

A further seven had to be contacted and access re-negotiated.

7.2 Access to the young workers

Once the factory management had conveyed the discussions about the project to their relevant owners and received permission to work with CARE. The researchers and management conferred and sought agreement for the days and times when access would cause least disruption to the factory schedule. Factory health staff or a staff representative or a section supervisor was approached through the manager and asked for help in selecting groups of women and men between 15 and 24 years old. The young workers were then approached directly and told: about the research. The final selection was controlled by the young workers who self-selected themselves with approval from the supervisor or head of section. The approval was usually dependant on the work commitments and orders that had to be fulfilled.

Many lengthy discussions between the research team and advisors grew from the need to offer incentives to the participants for a three-day attendance. The final agreement included:

- Food for the day - for which the participants expressed great appreciation;
- 3USS equivalent to the possible loss of earnings for attending the PLA sessions. The choice of payment to the participants created many disagreements amongst the team. Indeed all those
involved, even those on the periphery of the project held some counter opinion. It proved to be a small compensation for several groups of participants who nearly lost their jobs due to a misunderstanding with supervisors in one factory; ?

A referral to Reproductive Health Association of Cambodia (RHAC) health clinic for which CARE would pay fifty per cent of the costs and RHAC the other fifty per cent. At the time of giving out these referrals the participants were extremely grateful and said that they would use them. At the time of writing the report, only three people so far have used this referral opportunity. The others, it transpired, are just too shy.

At two of the three factories all participants attended for the full three days. Only four people did not attend the first day at the first factory fearing "we would look at their blood and make them watch sex videos" (Alex Maclean's diary March 21's). One of the three factories could only allow access for two days and not the agreed three. The schedule for the three days was modified slightly and the days of the needs assessment lengthened.

7.3 Access to the thoughts, feelings and practices of the young workers

The PLA activities were planned for weekends to avoid conflict with work and were conducted in a house near to, but outside factory gates. In general this created a relaxed atmosphere. The exception to the rule found three groups of women working outside an overworked manager's office door. The manager was under pressure to finish a quota for export and for complicated reasons that arose on the day scheduled for PLA he requested that we work inside the factory. The participants understandably talked little except to say that they were extremely concerned about their salary. They feared that they would lose money or they feared that they would lose their employment for attending the PLA despite the fact it was in their own time.

With the exception aside, using PLA tools (Section 3) created a relaxed environment and it was a fun and enjoyable way to gain an insight into the young workers' lives, thoughts, feelings and practices. The researchers needed to project a non-judgemental attitude to sex whilst giving clear instructions and asking probing questions. Access to the thoughts and feelings of the young workers was achieved through empowering the participants with confidence to complete the activities and to facilitate analysis of their lives with sensitive questioning. The participants were in control, deciding what they wanted to talk about and describing what was important to their lives.

In order to put the participant in control, the researchers had to divorce themselves from their normal health teaching roles, from their normal higher position in the social hierarchy. They had to give up the stick or chalk. All the participants were asked to complete an evaluation on the last day. In one such evaluation a participant felt this was a negative approach, but for the advisor this comment was interpreted as a wonderful achievement, a demonstration of empowerment through learning and not teaching.

"[They] have not suggested anything, on the contrary, only asked and asked me to draw pictures." (Evaluation from young man)

The majority however, did feel that while they were not dictated to, they did learn about their health.

"[They] put questions that make me understand a lot." (Evaluation from young woman)

"I enjoyed responding to questions that we have been asked, especially make me know what I never know before." (Evaluation from young man)

"[We can] express our opinion our real ideas." (Evaluation from young woman)

Educating the researchers with skills and knowledge to go beyond the life they knew and, had never questioned was a continuous process. The researchers had to question and probe skilfully and with sensitivity into many beliefs they accepted without question. It was difficult for the advisors to discuss and facilitate learning about these issues without the practical experience to learn from. Thus whilst the researchers learnt a great deal from the participants, there were inevitably missed opportunities due to nascent probing skills.
"...Difficult [for the researchers] to step out of the culture they have been submerged in to see the inconsistencies - because their consistencies are normal - are consistent in the pretence of a good woman." (Julie Forder's diary Feb 6th 1999)

8 LOGISTICS

8.1 Logistics of timing

"I disliked the first day. I was waiting and waiting in front of the factory, on the first day the food was not delicious." (Evaluation from young woman)

The team was only fifteen minutes late to meet the participants due to an underestimation of the traffic. This was a common complaint on the first day. After being in Cambodia some years the author finds it surprising that, fifteen minutes would create such a strong memory that was expressed so often and vividly during the third day's evaluation. The assumption is that these young people have left their agrarian roots and have been radically submerged into a clock watching work ethic.

Food as the above quote quite rightly reports, was not delicious, it was easily solved, but just one more thing to worry about.

"Refreshments did not turn up so broke at 10.05 for toilet and went back to wait for refreshments ... went back 10.20 with the promise of refreshments to come ... arrived at 11.00am." (Alex Maclean's diary March 21st)

The logistics were complex and to observe the schedule for the four months' of activities is perhaps the simplest way to appreciate the organisation that was required. The note takers who were sub-contracted remained very flexible with their hours and working arrangements as did the translators, drivers and the researchers when dates were changed with only a day's notice.

8.2 Materials required

- Permanent markers
- White board markers
- Black pens
- Blue pens
- Pencils
- Rulers
- Large sheets of paper
- A4 sheets of paper
- Scissors
- Masking tape
- Money
- Fans
- Leaflets with information on STDs, service prices and contraception
- Coloured paper - yellow, pink, green, blue
- Notebooks
- Highlighter pens
- Tape recorders
- Cassettes
- Batteries AA
- Camera
- Bean seeds
- Bag to carry materials
- Refreshments
- Tissues
- Electric extension cable
- Condoms
9 KEY QUESTIONS AND ISSUES THAT NEED EXPLORING

The list of issues that required attention during the research mostly evolved from brainstorming with the researchers. Thus, the questions alluded to in section 3, will be acknowledged more clearly as probing questions and not as a definitive list. While the research team did suggest most of the questions and areas of assessment, there was direction based on CARE Zambia's draft field guide.

Issues and questions that need to be understood.

Knowledge and Information

Where do YP get their information from about sex, reproductive health, STDs, contraception?

Kinds of information and depth of about the reproductive system
- about pregnancy
- contraceptives
- about infections from sex
- if the information is accurate, held as a fact, a belief, by all the group

Anything expressed by the young people about their information needs.

Whom do they feel free to talk about their problems with?

Attitudes

What do they think is the right age to get married?

What is the right age to have children for men, for women?

What is the ideal family

What do they think about contraception
- who decides the type of contraception
- condoms
- conditions under which contraceptives are used

- conditions under which contraceptives are not used

Do girls or boys carry more infections from sex?

In case of pregnancy who takes responsibility?

What is the preferred method of contraception?

Methods that can be used to facilitate young people to express themselves and their concerns.

Methods

List of different

Rank and score the different places for understanding the importance to the young people

Body mapping

Ranking and scoring

Focus Group Interviews (FGI)

Anything expressed by the young people about their information needs.

FGI

Ranking and FGI

Ranking and

Methods

Pictures/FG

Pictures/FG

Pictures/FG

FGI

Causality

Ranking and

Picture drawings/ picture story

Ranking and scoring

List different methods, rank score
Is it acceptable to have sex with a close relative which relatives?

Why have sex? Why have no sex?

Number of girls and boys not having sex

**Behaviour**

What age did the participants first have sex?

Where do young people have sex?

What do they do when they have a STD?

What do they do when they become pregnant or make a girl pregnant?

Number of girls becoming pregnant?

Number of pregnancies ending in abortion with reasons?

Who decided whether to use contraception?

Who gets/buys the contraceptives?

What is the proportion/percentage of young people/couples using condoms?

Where do they get condoms from?

Are condoms easily available?

What stops couples from using condoms?

What can happen if young people decide to have sex?

Circumstances under which this sexual activity takes place (forced or voluntary)

**Living and Working Conditions**

What are the preferred living arrangements?

What are the reasons for working in a factory?

What hopes do the young people have for their future?

What free time do they have in the day?

What are the young people's concerns?

Where do the young people spend free time?

**Methods**

Closed paper method

Causality analysis

Causality analysis

Scoring

Methods

FGI and scoring

FGI and cartoons

Case histories

Causality analysis, cartoon drawing

Scoring, FGI

Causality analysis, cartoon drawing

Scoring, FGI

Causality analysis, cartoon drawing

Cartoon drawing

Cartoon drawing

Scoring

Cartoon drawing, social mapping

Scoring, social mapping

Scoring

Causality analysis

Causality analysis

Methods

FGI

FGI

Listing

Daily time schedule

Listing and scoring

FGI

Social mapping, transact walk
The use of the clinic | Methods
---|---
Number of young people using the clinic compared to others | Scoring
Reasons for young people using the clinic | Causality analysis
Can the use of the clinics by young people be increased—how? | Flow diagram
Information on whether services are provided Free | FGI
Young People's Suggestions | Methods;
Suggestions to improve use of clinic | List options and rank/score
Suggestions to improve their sexual health | Dream clinic/FGI

10 EXPERIENCES IN CAMBODIA

Given the time scale of the project, the need for outputs and the need for the staff to have practical experience from which to learn, it was difficult to decide what training deserved more time and at what point technical assistance ceased to be a support and became a crutch.

If future training needs can be used as a guide to what deserved more time prior to implementing PLA, then the identified future training and educational requirements are:

? Communication skills both verbal and non-verbal;
? In depth examination of using open, closed, leading and probing questions;
? Examination of analytical skills;
? Further in depth understanding of using PLA;
? Empowerment of the target population to analyse and appreciate areas in their life they can have control over;
? Understanding of the social constructs of sexuality and gender.

Issues relating to confidentiality remain another item on the agenda for sexual health promotion work and for report writing. It requires constant discussion and debate. What is it? What are the reasons to respect it? Who has access to tape-recorded information and photographs? How should they be stored? How can they be used to advocate for the participants without breaching confidentiality or compromising a worker?

"It had been agreed with the [female participants] after a male researcher had returned and listened to the tapes, as well as at the very beginning that only the research team would actually hear the voices of the [participants]. Then day four another researcher wanted to copy the tapes to prove that we had done PLA... Later in the day the researcher agreed that the participants looked shocked when they saw a male researcher listening and remembered what we had agreed with them." (Julie Forder's diary Feb 7th)
### SECTION TWO - SCHEDULES

#### ACTIVITY SCHEDULE FOR PLA IN THREE FACTORIES OVER FOUR MONTHS

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Preparation far further training in PLA.</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Prepare materials - survey coordinator.</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Week 2

<table>
<thead>
<tr>
<th>Week 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit to factories, managers.</td>
</tr>
<tr>
<td>Visit factory workers.</td>
</tr>
<tr>
<td>Confirm attendance at PLA activities.</td>
</tr>
<tr>
<td>Preparation of materials.</td>
</tr>
<tr>
<td>Preparation of materials.</td>
</tr>
</tbody>
</table>

#### Week 4

<table>
<thead>
<tr>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy visual outputs (VO).</td>
</tr>
<tr>
<td>Translate VO.</td>
</tr>
<tr>
<td>Field notes completed - copy given to translator.</td>
</tr>
<tr>
<td>Copy visual outputs (VO) up exactly.</td>
</tr>
<tr>
<td>Preparation of materials.</td>
</tr>
<tr>
<td>Discussion about lessons learnt for last week.</td>
</tr>
</tbody>
</table>

#### Week 5

<table>
<thead>
<tr>
<th>Week 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy VO and translate.</td>
</tr>
<tr>
<td>Finish field notes send for photocopying and translation.</td>
</tr>
<tr>
<td>Begin analysis grouping and categorising the information.</td>
</tr>
<tr>
<td>Continue process of analysis. Group in order to make comparisons and differences easier.</td>
</tr>
<tr>
<td>Visit to factory 2 re-establish contact with managers and workers.</td>
</tr>
<tr>
<td>Visit factory - Sunday cancelled. No access</td>
</tr>
</tbody>
</table>

#### April week 1

<table>
<thead>
<tr>
<th>Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 2 factory 2 PLA Daily report:</td>
</tr>
<tr>
<td>Copy VO and translate.</td>
</tr>
<tr>
<td>Finish field notes send for photocopying, until end Send for translation.</td>
</tr>
<tr>
<td>Copy VO and translate.</td>
</tr>
<tr>
<td>Continue analysis. Visit factory - Sunday cancelled. No access</td>
</tr>
<tr>
<td>Send for translation.</td>
</tr>
<tr>
<td>April</td>
</tr>
</tbody>
</table>

#### Week 3

<table>
<thead>
<tr>
<th>Week 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khmer New Year holiday</td>
</tr>
<tr>
<td>Year holiday</td>
</tr>
<tr>
<td>Visit to factory.</td>
</tr>
<tr>
<td>Analysis of previous work continued.</td>
</tr>
<tr>
<td>Preparation of materials. Discussion -lessons learn from last week.</td>
</tr>
<tr>
<td>Preparation of materials. Discussion about lessons learnt from last week.</td>
</tr>
<tr>
<td>Preparation of materials.</td>
</tr>
</tbody>
</table>

#### Week 4

<table>
<thead>
<tr>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy VO and translate.</td>
</tr>
<tr>
<td>Finish field notes send for photocopying and</td>
</tr>
<tr>
<td>May week 1</td>
</tr>
<tr>
<td>photocopying</td>
</tr>
</tbody>
</table>

#### Week 5

<table>
<thead>
<tr>
<th>Week 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy VO and translate.</td>
</tr>
<tr>
<td>Finish field notes send for photocopying and</td>
</tr>
<tr>
<td>May week 1</td>
</tr>
<tr>
<td>photocopying</td>
</tr>
</tbody>
</table>

---

CARE International in Cambodia
PLA tools in action together.
No daily report.

**week 2** Daily report for factory 3 day 281/2. Copy VO and translate etc...
Copy VO and translate finish field notes send for photocopying. Continue analysis.

**week 3** 2 week workshop to bring all the analysis together (in Khmer).

**week 4** Work shop continued report format in Khmer commenced.

**week 5** Report writing with technical support continued.

**June** Report writing.

**week 1** Report writing.

**week 2** Report writing.

**weak 3** Return to factories discuss recommendations. Prepare for presentation of work to date. Prepare report for printing.

**week 5** Present to managers of NGOs and factories and factory workers if able to attend. Present to wider audience - health forum for all organisations working in Cambodia.
### 2 SCHEDULE FOR PLA ACTIVITIES IN THREE FACTORIES OVER THREE DAYS

<table>
<thead>
<tr>
<th>DAY</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>? Introductions</td>
</tr>
<tr>
<td></td>
<td>? Understanding the community context</td>
</tr>
<tr>
<td></td>
<td>- social mapping</td>
</tr>
<tr>
<td></td>
<td>- Venn diagrams</td>
</tr>
<tr>
<td></td>
<td>? Factory workers' lives in the community</td>
</tr>
<tr>
<td></td>
<td>- free time activities</td>
</tr>
<tr>
<td></td>
<td>- time analysis</td>
</tr>
<tr>
<td>Afternoon</td>
<td>- listing, and ranking</td>
</tr>
<tr>
<td></td>
<td>- transect walk</td>
</tr>
<tr>
<td></td>
<td>? General concerns</td>
</tr>
<tr>
<td></td>
<td>- listing, ranking</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>? Understanding the health situation of the workers</td>
</tr>
<tr>
<td></td>
<td>health concerns</td>
</tr>
<tr>
<td></td>
<td>- listing, ranking</td>
</tr>
<tr>
<td></td>
<td>women's and men's health concerns</td>
</tr>
<tr>
<td></td>
<td>- listing, ranking</td>
</tr>
<tr>
<td></td>
<td>symptoms of men's and women's health problems</td>
</tr>
<tr>
<td></td>
<td>- listing</td>
</tr>
<tr>
<td></td>
<td>how seasons affect health</td>
</tr>
<tr>
<td></td>
<td>- seasonal analysis</td>
</tr>
<tr>
<td>Afternoon</td>
<td>health seeking behaviour</td>
</tr>
<tr>
<td></td>
<td>- listing, ranking, matrix</td>
</tr>
<tr>
<td></td>
<td>- thought bubbles</td>
</tr>
<tr>
<td></td>
<td>? Understanding young people's knowledge of their bodies</td>
</tr>
<tr>
<td></td>
<td>- body rhapping</td>
</tr>
<tr>
<td></td>
<td>- listing and scoring contraceptive methods</td>
</tr>
<tr>
<td></td>
<td>Give out leaflets</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>? Understanding young people's relationships</td>
</tr>
<tr>
<td></td>
<td>- picture stories x 3</td>
</tr>
<tr>
<td></td>
<td>- role play</td>
</tr>
<tr>
<td></td>
<td>? Understanding young people's sexual behaviour</td>
</tr>
<tr>
<td></td>
<td>- causality analysis</td>
</tr>
<tr>
<td></td>
<td>- closed! method</td>
</tr>
<tr>
<td>Afternoon</td>
<td>- role play</td>
</tr>
<tr>
<td></td>
<td>? Questions and answers from participants</td>
</tr>
<tr>
<td></td>
<td>? Evaluation</td>
</tr>
<tr>
<td></td>
<td>? Young people's suggestion for dream clinic</td>
</tr>
<tr>
<td></td>
<td>Give out referral slips</td>
</tr>
</tbody>
</table>
3 EXPERIENCES IN CAMBODIA

Time:
Simply not enough time to do and to give participatory technical support at every step

Preparation before factory activities:
This meeting was planned to prepare materials and finalise logistical arrangements. It became an extremely valuable time and additional to daily reports. During this time discussions and learning included communication skills; sexuality; gender; rape and questioning techniques.

Field notes:6
These were the primary responsibility of the note taker, however, it was the overall responsibility of the researcher to ensure full and comprehensive records were being taken of all the conversations during the PLA activities and the audio tapes were listened to and added to the field notes. This did not always happen.

"[Note taker] IS NOT WRITING THE DISCUSSION DOWN." (Alex Maclean's diary March 27th)

Writing and recording all conversation was important for analysis to help understand the words used, how the young people communicated their wants, fears and desires and how decisions were made. Often, regardless of the instruction to "write everything," note takers continued to feel that they could select parts of the conversation or just note the outcome of an activity both from the verbal conversations and the audio-recorded data.

Daily report 7
During these meetings after the PLA and just before bedtime, discussions were focused on what the young people said; the team talked animatedly together cross referencing with the other researchers, to establish if all groups had similar or different findings. Problems with methods and logistical arrangements featured many times along with strategies to overcome these problems.

"[Researchers said] girls cannot write or draw ...[Julie asked] what is the purpose of PLA? - to show them that they do know, can make decisions and can do. If they can not write, it is our problem not theirs. "(Julie Forder's diary April 5th)

"Team worried about participants going 'off the point' asked what is the point of the activities?" (Alex Maclean's diary March 28th)

Synthesis report:8
The length of time it would take to read all the 12 groups' information, highlight it into themes and then summarise these themes was completely under estimated. In hindsight perhaps it would have been better to have completed PLA activities with one factory, (four groups) and spent the remainder of the time analysing and writing up a smaller case study. This, however, would have defeated the purpose of using PLA. The purpose was to include workers and management in a participatory process as a first step to using participatory methods through out the project. The final step would result in institutionalised, acceptable and accessible health services. At other times this stage of the analysis was a catalyst for debates and discussions that challenged the individual's held beliefs on social norms.

"Good discussion about rape, most agree rape is a crime of passion but are divided whether it is rape if there is no violence, or whether force and violence define a rape, alternatively one researcher quietly said, rape is rape if the woman does not want sex." (Julie Forder's diary May 7th)

6 Field notes are explained more fully in Section 5.
7 Daily report are explained more fully in Section 5.
8 Synthesis reports are explained more fully in Section 5.
Copying visual outputs:

Literature reports that the researcher should not "prettify" (CARE Zambia) any of the visual outputs. Nothing was written about the target population drawing the most detailed pictures that were impossible for anyone other than a resident artist to copy! During another session, a participant drew eight identical pin figures. This was meaningless without good moderation. After the interview, it transpired that each figure represented something different. The moderators and the participants learnt that each of them could "do."

Translation:

Translation of field notes and of visual outputs was not initially planned or organised. The first experience of applying PLA tools in a trial run in Battambang highlighted this issue. The English speaking researchers had enough to concern them whilst learning and implementing new methodologies and reports, without the added burden of translation. The need then to have all work translated meant keeping the original field notes, sending copies out to be translated, organising payments and dealing with translators (all male) some of whom did not think it was good that Cambodian women were talking about sex. Translation into English was important for two reasons, to enable an analysis of the information by a native English speaker for the production of a report for an international audience and English-speaking donors. As well as, to enable the project advisor to use a report produced by an experienced consultant as a tool for further capacity building measures with the research team.

Technical support:

Watching the interaction during the research was exceedingly valuable to the advisor and informative for discussions on communication skills and probing techniques. It also, understandably affected the dynamics of the group and confidence of the research team. A compromise was reached over time. Close observation was carried out in factory one. This was reduced in factory two, and factory three the research team got on with their work.

Other:

Original visual outputs were large and unwieldy, a large bath for storage was found in the CARE office to be the ideal solution to the problem.

The schedule:

The three days of activities were set out clearly (many articles written on PLA report that its essence is its flexibility to the needs of any given situation). The researchers to be flexible required some experience and knowledge. They required a foundation from which to grow and experiment. 'Handing over the chalk' was a new experience and they were initially hesitant to use the participatory techniques. Building from a clear structure alleviated some of the angst when the team applied PLA for the first time.

The research team however, soon eagerly embraced the new ideas and keenly explored new participatory techniques. As confidence grew, a willingness to try new ideas, to act flexibly and to take the initiative flourished.

During the research design stage, concerned researchers and others made many comments pertaining to the fact that three days would create many problems with access and attendance. It was strongly felt that the young people would not want to give up their valuable free time. In practice, no such problems arose, In fact both researchers and participants said three days was too short!

'I did not like very much the following ... the session was too short, I would like to request four days.' (Evaluation from young woman)
SECTION THREE- THE TOOL KIT

This section includes seven groupings of tools according to their purpose. These are: understanding the community, factory workers lives in the community, understanding general concerns, understanding the health situation of the workers, understanding young people's knowledge of women’s and men’s bodies, understanding young people's relationships and finally, understanding young people’s sexual behaviour.

The following table summarises the lay out of each tool used within the above groups and every tool concludes by detailing the experiences we gained in Cambodia.

| What is it? | A simple one sentence explanation of the method. |
| What did we want to learn? | This explains what information we wanted to learn using the tool. and is a very important question that the researchers needed to understand before they could become flexible with the PLA tools. |
| Why did we want to learn it? | Generally, this information fell into three categories. |
| How to do it: | This is a step by step guide to using the methods. The arguments against giving a step by step guide report that there should be no blue print for PLA activities. The experience in Cambodia taught us that this type of guide was essential to help the researchers across the first obstacle of uncertainty with a new technique. Based on CARE Zambia's draft field manual, the sexual and reproductive health project in Cambodia adapted the tools and steps, most notably the step stating that the researcher should 'leave the group.' If not, the participants inevitably referred to the researchers and sought guidance. Some of the steps are repeated for each tool, and occasionally some guides to facilitation are included. Each tool can therefore stand on its own for individual reference or practical application. |
| Questions to ask: | These are a guide only with suggested questions and ideas for probing. It is very difficult to suggest a definitive list until the visual output is produced. The questions must be relevant to the visual output and to the research objects. |
| Experiences in Cambodia | The experiences fell into two main categories. |

CARE International in Cambodia
UNDERSTANDING THE COMMUNITY

SOCIAL MAPPING

WHAT IS IT? A drawing by the young people of the area where they live, eat and work.

WHAT DID WE WANT TO LEARN?

Outside the factory
what the young people think about their living area;
places that sell/give contraception and other sexual health services;
places where people can have sex, dangerous places for men/boys or women/girls;
shops, restaurants, bars;
places for free time activities.

Inside the factory
where the young people work in the factory;
their relationship (geography) to other workers;
if there is an accessible bathroom;
if there is an accessible clinic;
anything/place the young people felt was important to tell us.

WHY DID WE WANT TO LEARN IT?

To build a picture of the work and social setting within which the young people live and make decisions. To understand where the young workers socialise at break times for leaflet dissemination stands or posters and possible work with Population Services International (PSI) for condom distribution.

HOW TO DO IT:

1. Choose an area where there is space to prepare the map on the ground;
2. Ask the young people to prepare a picture of their community that can help us understand their lives a little better;
3. Ask the group to show all the places outside the factory (buildings, quiet areas, karaoke bars etc.) that are important to their lives;
4. Labels or symbols can be used to identify different facilities, areas or infrastructure (roads, etc.);
5. Once the group understands the activity leave them to prepare the map and observe,
6. Wait until the group calls the moderator back;
7. Ask questions about the map (interview the visual output);
8. Ask the participants to draw another map: A map of inside the factory to show their social places and their working area;
9. Leave the group to prepare the map and observe;
10. Any additional information that the moderators want to introduce should be done at the end of the mapping;
11. Once the map is ready ask questions about it (interview the output).

Questions to ask
Questions such as what is this? Can you go anywhere in the factory? Is there a bathroom? Often lead on to other information... How often can you go to the toilet? What happens if you go more than the allowed number of times?

Experiences in Cambodia

Researchers were initially very hesitant to leave the group. Often "LEAVE the group" was strongly heard from the technical advisors! A directive non-participatory strategy of alleviating a problem that was undermining participation and confidence building.

After the first map the researchers were surprised and impressed with the amount of knowledge the young people had of their community. It was possible to leave the group after all. Additionally the participants felt reassured and their anxieties were alleviated. We were not after all going to take blood or make then watch sex videos.
Map – inside factory drawn by a young men’s group, 3rd April 1999
VENN DIAGRAMS
WHAT IS IT?
This is diagram demonstrating who the young people see as the important people in their lives.
The closeness is closeness in the relationship not in geography. - see example
WHAT DID WE WANT TO LEARN?
Who, or what institution, the young people regard as important.
WHY DID WE WANT TO LEARN IT?
To enable the project staff to identify which groups/people may help to spread correct information
about health services.
HOW TO DO IT:
1 Tell the young people you would like to understand who or what is important to them or to
people in their age group;
2 Begin a discussion on this subject;
3 Once everyone is talking and making suggestions, tell the group that you would like to give
them instructions;
4 Explain to the group that the large circle represents their community;
5 Other circles represent institutions or services or people;
6 The size and colour* of the other circles depend upon their importance to the young
people, in this case as a source of reproductive health or sex information;
7 The young people select/make the circle and put it in their community circle or next to it;
8 Tell the young people this is not the physical place nor the geography but whether they
feel the institution or service or person is important;
9 If there are strong links between the circles, the group can overlap them. If there is no
strong link the group can put the circle further away

Questions to ask
Such as 'what makes that person important?' 'how does that person help you?' Could you explain
what it is that person does that makes you trust them?'

Experiences in Cambodia
Occasionally this tool was used individually within the group setting. The most significant person
for the majority of the participants was their mother. As many of the participants had migrated from
rural areas, this could be an opportunity for health intervention strategy -- an opportunity for
'mother' role models in the city with accurate information. Within the factories friends also played
an important role.

TIP To gain a more specific understanding of important people/institutions, the question would
need to be more specific. 'With [this problem] where would your group go?' As PLA is flexible and
the methods are a means of initiating discussion; probing skills are the essence of gaining a
clearer understanding.

9 The researchers provided an assortment of colours and the young people decided which colours to use.
Venn diagram drawn by a young men's group, 3rd April 1999
2 UNDERSTANDING WORKERS' LIVES IN THE COMMUNITY

TIME ANALYSIS

WHAT IS IT?
A timetable of sorts. This method to be done individual although quite time consuming.

WHAT DID WE WANT TO LEARN?
What the daily routine was for the young people

WHY DID WE WANT TO LEARN IT?
To identify times that project activities could have maximum benefit. Moreover, understand the social context of the workers' lives.

HOW TO DO IT:
4 Tell the group you would like to understand what they do in a day;
4 Begin a discussion on a normal day’s routine;
4 When the entire group understands, ask the group or individual to draw or write what they do in the day;
4 When the group or individual is finished ask questions like:

Questions to ask
To boys:
1 Do you think this time analysis will apply for all the boys in this area?
2 Will a girl's daily activity analysis look the same?
3 Out of a hundred boys living in this area, how many will (for example) go for a drink of beer? How many will be having sex with girls?

To girls:
1 Do you think this time analysis will apply for all the girls in this factory?
2 Will a boy's daily activity analysis look the same?
2 Out of a hundred girls working in this area, how many will (for example) go for a walk? Wash clothes? Clean the house?

Experiences in Cambodia
The different levels of literacy presented no difficulties when this activity was done individually. All participants were encouraged to write or to draw pictures and all were asked about their schedule. The only disadvantage was the length of time to interview every timetable.

Most of the questions used with the garment workers centred on the differences between home, often rural life and working life in the factories. Thus, the prepared questions as a guide for probing were of no use.

Many of the young workers actually had very little time and very 'little, if any, additional money for socialising. Generally, it seemed the women were more fastidious at saving but there were lots of discussions about borrowing. Poverty was a significant concern and a main reason for leaving the rural areas. All the workers in one of the factories hated the "noisy, dirty" city and longed for the tranquil country life. Moming in the city started at 5am until 8-9 pm, full of work related activities with only a short time for watching TV or listening to the radio. Sunday was the most reported day for free time activities.
FREE TIME ACTIVITIES

WHAT IS IT?
A list of free time activities put into order of importance by the young people.

WHAT DID WE WANT TO LEARN? •
What free time activities the young people liked to undertake. And how they came to their decision of the most important activity.

WHY DID WE WANT TO LEARN IT?
We wanted to understand how preferences were made, to analyse the decision-making processes. To learn about the group discussion and appreciate its importance - to understand how the young people evaluate their situation and their choices.

Listing

HOW TO DO IT:
1 Explain the exercise to the participants;
2 Start with a discussion on free time activities;
3 Once the participants have mentioned some of the options available, ask them to make a list of all the options. This list can be prepared using a variety of materials;
4 Leave the group. But the note taker must continue recording all conversation and not attempt to guide the group.

Activities
Cook food and go to pagoda
Watch TV at home
Do the house work

5 Once this is complete, ask the participants to write who, when and where these activities occur.

Activities
Cook food and go to pagoda
Watch TV at home
Do the house work

With whom
Parents
With friends
With aunt

Ranking

HOW TO DO IT:
Steps
Once the participants have a list of free time activities with whom, when and where
1 Ask the participants to decide and select the most preferred option. This can be ranked number 1, the next most preferred option ranked number 2, and so on until all the options have been given a rank (given a number);
2 Once you have explained to the group, it is best if the moderator just watches and listens. The note taker should be recording the discussion.

Activities
Cook food and go to the Wat
Watch TV at home
Do the house work

With whom
Parents
With friends
With aunt

When, where
New year holiday, go home At home each Sunday

Rank in terms of enjoyment
1 2 3

Questions to ask
Such as 'what is it about this activity that made it number 1?' If you go out to a picnic spot who do you go with?
## NEW ACTIVITIES

Follow the same steps as those discussed above

<table>
<thead>
<tr>
<th>New activities</th>
<th>With whom</th>
<th>When, where</th>
<th>Rank in terms of importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to stop working and learn English</td>
<td>Friend and sweetheart</td>
<td>New places</td>
<td>2</td>
</tr>
<tr>
<td>I want to go and visit my parents</td>
<td>Alone to meet parents</td>
<td>Home for New year</td>
<td>1</td>
</tr>
<tr>
<td>I want to visit Angkor Wat</td>
<td>Older brother</td>
<td>New Year</td>
<td>3</td>
</tr>
<tr>
<td>I want to visit the King's palace</td>
<td>Fiance</td>
<td>Tomorrow, beside the</td>
<td>4</td>
</tr>
</tbody>
</table>

Other groups interpreted the activity as hoes, dreams and ambitions.

I've dreamed of having a family with happiness and reunion including a good society with justice, honesty and freedom

Questions to ask

'Why do you not have the opportunity to do these things now?'

## Experiences in Cambodia

In general, this was a straightforward activity. In the classroom, it was decided that the instructions should be given step by step. To give all instructions together complicated the activity. Moreover, made it difficult for the participant to begin ranking before all options were listed.

As the researchers became more confident with this method they experimented, some found it easier for the participants if they explained step by step. Others said that they explained everything and left the participants to it without any problems.

(Daily report Day 1, Factory 2)

**TRANSECT WALKS**

**WHAT IS IT?**

This is a structured walk through an area. To see the areas that young people frequent and possibly meet vendors or other young people.

**WHAT DID WE WANT TO LEARN?**

About the immediate living area beside the factory:

- areas frequented by the young people and their meeting places;
- meet more young people and invite them for discussions;
- introduce yourself and the project to different people across the selected area, leaders, people area, leaders, people in authority;
- visit video shops, bars, marketplaces etc;
- an opportunity to observe young people.

**WHY DID WE WANT TO LEARN IT?**

To understand the young people's living conditions during their work day.

Experiences in Cambodia

It was a puzzle to the advisors how and when the transect walks were being moderated. When the researchers were asked if they had done the transect walk they replied yes! Yet it remained mildly baffling how 32 people could not be seen walking about. Until that is further discussions with the team revealed that the researchers had understood the 'transect walk' to be a drawing, they asked the participants to draw arrows on the social map to identify places where they were allowed to go inside and outside the factory - not an actual walk into the community areas.
Transect walk drawn on a social map.
Young women's group, 21st March 1999
3 UNDERSTANDING WORKERS’ GENERAL CONCERNS
LISTING AND RANKING OF GENERAL CONCERNS

WHAT IS IT?
A list of general concerns, which were sorted in order of importance or seriousness by the young people with suggested solutions.

WHAT DID WE WANT TO LEARN?
The general concerns the workers had that may or may not affect their sexual health, and how they decided which concerns were more important than others. Additionally how they attempted to solve these problems and what solutions they suggested.

WHY DID WE WANT TO LEARN IT?
To understand more clearly a wider context of the workers lives in which decisions were made. Moreover, identify concerns that affected their lives and possibly their health status.

Listing

HOW TO DO IT:
1. Explain the exercise to the participants;
2. Start with a discussion on their general concerns;
3. Once the participants have mentioned some of the options available, ask them to make a list of all the concerns using any materials;
4. Leave the group. The note takers must remain and record all conversations without giving any guidance to the participants.

Concerns
- Small salary, I owe someone $40
- Shortage of money
- Health problem
- Toilets in the factory are not clean
- Worried about returning home. Afraid of danger when crossing the road
- Worried about headache, dizzy, weak, exhausted, fatigue, malnutrition and irregularity of life because of Occupation

Ranking

HOW TO DO IT:
Once the participants have a list of general concerns:
1. Ask the participants to decide and select the most important concern for the group. This can be ranked number 1, the next most preferred option ranked number 2, and so on until all the options have been given a rank (given a number);
2. Once you have explained to the group the moderator leaves and just watches and listens. The note taker should be recording the discussion;
3. Tell the group to call the moderator back when they have finished;
4. When the participants have finished, ask the group to explain the reasons for their preferences.

Solutions

HOW TO DO IT:
1. Ask the group to suggest solutions to their problems;
2. Leave the group, only the note taker remains.

Concerns
- Small salary, I owe someone $40
- Shortage of money
- Health problem
- Toilets in the factory not clean

Suggested solution
- Ocher organisations help factory workers
- Help factory workers work regular hours
- Please help the workers work normally
PLA tools in action

<table>
<thead>
<tr>
<th>Worried about returning home.</th>
<th>When you work hard it can cause health problem</th>
<th>Don’t force the factory workers to do overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid of danger when crossing the road</td>
<td>Work hard causes serious illnesses when we get sick the factory workers are very worried</td>
<td></td>
</tr>
<tr>
<td>Worried about headache, dizzy, weak, exhausted, fatigue, malnutrition and irregularity of life because of occupation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions to ask
What criteria, what reasons made you put ...... as the most serious concern? If your mother solves your problems at home how does it feel being far from your parents?

Experiences in Cambodia
Like the previous activity this was straightforward. Different researchers explained the exercise differently. From the example in this report, the researcher asked the participants to make ‘requests.’ This was not the intended activity. The participants should be empowered to take what control they can over their lives, to think of practical solutions. However, the requests are for assistance of problems outside the young workers direct control. And it is good that they have been empowered to make such requests, though it has created difficulty for analysis of comparisons and differences across the groups.

The young workers face so many dilemmas in their lives and have so many conflicting messages surrounding them. It seems the most appropriate health intervention strategy Is to offer time and an opportunity to discuss these dilemmas.
## Listing and ranking of general problems - men's group 5th April 1999

<table>
<thead>
<tr>
<th>Problems</th>
<th>Suggested Problems</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worried about dismissal and will be jobless</td>
<td>The lowest salary.</td>
<td>1. General report to Beak Nouth (Director)</td>
</tr>
<tr>
<td>Little wage.</td>
<td></td>
<td>2. Weekly Sunday order, work on Sunday and it's regarded as usual day of work.</td>
</tr>
<tr>
<td>Shortage of money (Brama)</td>
<td>Afraid of being sacked and will be unemployed.</td>
<td>3. Instead Care Organization and other Organizations, produce a proposal to factory manager in order to get the wage of workers increased.</td>
</tr>
<tr>
<td>Lack of budget (in order to write) for job</td>
<td>Being coerced to work on Sunday and beyond the work hours limitation.</td>
<td>4. Please, don't work overtime with coercion or oppression on the entire factory workers.</td>
</tr>
<tr>
<td>Worried about expulsion and will be unemployed.</td>
<td>No money, no job.</td>
<td>5. Problem in almost a kind of non-stop working and receive a little wage.</td>
</tr>
<tr>
<td>Work beyond the time (limitation)</td>
<td></td>
<td>6. As the policy regulation stipulated.</td>
</tr>
<tr>
<td>On the other hand, worried about being represented and forced into such and making trouble in order to eat the wage off.</td>
<td></td>
<td>7. Do help the factory workers when we get sick, don't cut the salary to be cut off.</td>
</tr>
</tbody>
</table>
Problem of working on Sunday and is regarded

Family problem when unemployed there's no money to buy
rice and food for supplying
the family.

My problem is such as
asking permission to
take leave and I aw
still cut off my salary
and I didn't ask
for permission day 1
salary was also cut
off.

General concern

Raging

#1 is the most important concerns

PLA factory
05-06-99
boy (18-19 y)

CARE International in Cambodia
UNDERSTANDING THE HEALTH SITUATION OF THE WORKERS
LISTING AND RANKING OF GENERAL HEALTH CONCERNS

WHAT IS IT?
A list of health concerns that the young people are worried about, then ranked in order of severity and again ranked in order of frequency.

WHAT DID WE WANT TO LEARN?
What health concerns dominated the lives of the young workers. How did they prioritise these concerns and how frequent did they perceive these illnesses to be.

WHY DID WE WANT TO LEARN IT?
The sexual/reproductive health project could not begin a course of action without a holistic understanding of the hopes and fears of the young people. In order to provide a health service acceptable and accessible, it had to be based in reality, or the reality expressed by the young people, the beneficiaries.

List of general health concerns
Ranking severity

HOW TO DO IT:
1. Explain the exercise to the participants;
2. Start with a discussion on their general health concerns;
3. Once the participants have mentioned some of the options available, ask them to make a list of all the concerns using any materials;
4. Leave the group, but tell the participants to call the moderator back when they have finished;
5. Note taker should stay with the group and record all information about not offer any guidance.

List of general health concerns
Rank - severity

Once the participants have a list of general health concerns:
1. Ask the participants to decide and select the most important general health concern for the group in terms of severity. This can be ranked number 1, the next most preferred option ranked number 2, and so on until all the options have been given a rank (given a number);
2. Once the moderator has explained to the group, leave them. The note taker should record the discussions.

List of general health concerns
Rank - severity

Ranking frequency

HOW TO DO IT:
Once the participants have a list of general health concerns and ranked severity:
1. Ask the participants to decide and select the general health concern in terms of frequency. This can be ranked number 1, the next most preferred option ranked number 2, and so on until all the options have been given a rank (given a number);
2. Once you have explained to the group, leave. The note taker should record the discussions. Ask the participants to call you back when finished.

List of general health concerns
Rank - severity

List of general health concerns
Rank - how frequent

Who talked to whom - where did they go for treatment?
1. Once the group have finished ask them to write where they seek help or information for the illnesses they have mentioned.

Please refer to the example overleaf of the 51 health concerns these young workers worry about.
<table>
<thead>
<tr>
<th>Health Problems</th>
<th>Listing and ranking general health problems - women's group 27th April 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dehydration</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Drug abuse</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Obstetric</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AIDS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>General Disease</td>
<td>Often</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Weak heart stroke</td>
<td>Poly of the neck</td>
</tr>
<tr>
<td>Fallen intestines</td>
<td>Poly of the nose</td>
</tr>
<tr>
<td>Bladder stone</td>
<td>Poly of the nee</td>
</tr>
<tr>
<td>Liver problem</td>
<td>Throat infection</td>
</tr>
<tr>
<td>Lung matter</td>
<td>Small intestine</td>
</tr>
<tr>
<td>Constipation</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Eye sore</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
</tr>
<tr>
<td></td>
<td>Faint</td>
</tr>
</tbody>
</table>

27/3/94
Page 2 of 2
PLA tools in action
Questions to ask
What are the first recognisable symptoms of ...? Why did they happen? Does everyone go to ......for treatment? What are your reasons for selecting your priorities?

Experiences in Cambodia
Listing and ranking presented no problems, until ranking for frequency. Many times frequency was ranked as two times per month, five times per month etc.

Beans were introduced to try to help present frequency. A little for not very frequent and a lot for frequent. Handfuls upon handfuls were piled onto the square by the researchers to demonstrate frequent. Concern persisted with the use of beans as a measurement. "But what if you want two illnesses to be exactly the same...?" (Workshop March 10th). Interestingly after the bean count, they were exactly the same!

The kidney beans were a worry. Was using potential food insulting to people who cared a great deal about the importance of good food, but unable to access it? PLA literature talks about using materials available locally. But who picks up over 400 stones?

The beans became commonly used in many of the methods for measuring perceptions of frequency, and became so well liked that the researchers started to use them for everything. The use as paperweights was ingenious. When the use for ranking was substituted for scoring this presented some difficulties during analysis. It made comparisons between the groups difficult.

The beans remained a big feature until black beetles ate their way out swarming in the large warm storage area - the office bathroom

LISTING AND RANKING OF WOMEN'S AND MEN'S HEALTH CONCERNS
WHAT IS IT?
A list of women's concerns put into order of importance by women. A list of men's concerns put into order by women. And vice versa with the men.

WHAT DID WE WANT TO LEARN?
We wanted to learn about what concerns women had for themselves and which ones created most worry, to appreciate what understanding women had of men's concerns and men's health. Additionally we wanted to understand men's concerns about themselves and men's knowledge about women's health.

WHY DID WE WANT TO LEARN IT?
To learn with the young people about concerns of reproduction and infections transmitted and those transmissible through sex. To understand how women and men thought about each other in terms of sexual health and identify areas for health intervention.

Listing
HOW TO DO IT:
1   Explain the exercise to the participants;
2   If the participants are women - start with a discussion on what the participants think are women's health concerns. If the participants are men, ask about men's health concerns;
3   Once the participants have mentioned some of women's/men's health concerns, ask them to make a list of all the concerns using any materials;
4   Ask the participants to tell you when you have finished. Leave the group;
5   The note taker should stay and record all the conversation, offer no guidance.

List of women's health concerns
   Irregular menstrual period
   Vaginal discharge
   Miscarriage
   Delivery

CARE International in Cambodia
### Ranking severity

**HOW TO DO IT:**

Once the participants have a list of women's/men's health concerns:

1. Ask the participants to decide and select the most important health concern for women/men in their group in terms of severity. This can be ranked number 1, the next most serious option ranked number 2, and so on until all the options have been given a rank (given a number);

2. Once you have explained to the group it is best if the moderator leaves. The note taker should be recording the discussion.

<table>
<thead>
<tr>
<th>List of women's health concerns</th>
<th>Rank - severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irregular menstrual period</td>
<td>AIDS disease (First most serious)</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>Cancer</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>Delivery</td>
</tr>
<tr>
<td>Delivery</td>
<td>Haemorrhoid</td>
</tr>
<tr>
<td>Infection</td>
<td>Infection</td>
</tr>
<tr>
<td>AIDS disease</td>
<td>Svay (syphilis)</td>
</tr>
<tr>
<td>Cancer</td>
<td>Stomach disease</td>
</tr>
<tr>
<td>Stomach disease</td>
<td>Miscarriage</td>
</tr>
<tr>
<td>Haemorrhoid</td>
<td>Vaginal discharge</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Irregular menstrual period</td>
</tr>
</tbody>
</table>

### Ranking frequency

**HOW TO DO IT:**

Once the participants have ranked for severity their lists:

1. Ask the participants to decide and select the health concern for women/men in their group in terms of frequency. This can be ranked number 1, the next most frequent option ranked number 2, and so on until all the options have been given a rank;

2. Once you have explained to the group it is best if the moderator just watches and listens. The note taker should be recording the discussion.

<table>
<thead>
<tr>
<th>List of women's health concerns</th>
<th>Rank - severity</th>
<th>Rank - how frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irregular menstrual period</td>
<td>AIDS disease (First most serious)</td>
<td>Irregular menstrual period (First most frequent)</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>Cancer</td>
<td>Delivery</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>Delivery</td>
<td>AIDS disease</td>
</tr>
<tr>
<td>Delivery</td>
<td>Haemorrhoid</td>
<td>Stomach disease</td>
</tr>
<tr>
<td>Infection</td>
<td>Infection</td>
<td>Vaginal discharge</td>
</tr>
<tr>
<td>AIDS disease</td>
<td>Svay (syphilis)</td>
<td>Infection</td>
</tr>
<tr>
<td>Cancer</td>
<td>Stomach disease</td>
<td>Haemorrhoid</td>
</tr>
<tr>
<td>Stomach disease</td>
<td>Miscarriage</td>
<td>Svay (syphilis)</td>
</tr>
<tr>
<td>Haemorrhoid</td>
<td>Vaginal discharge</td>
<td>Cancer</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Irregular menstrual period</td>
<td>Miscarriage</td>
</tr>
</tbody>
</table>
Names and places for treatment HOW TO DO
IT:
1. When the participants have completed their activities ask them about their health seeking
   behaviour and ask them to write in the last column.

Who do you talk with? Where
do you go for treatment?
Tell my mum
At clinic hospital
Visit doctor at
Go to hospital get cured
Get traditional drug
See traditional doctor

Questions to ask
   What made them select the number one as their priority? Where is the most serious health concern in
terms of frequency?

REPEAT THE EXERCISE
Ask women about men's health concerns and men about women's health concerns

Questions to ask
   What are the main differences between men's and women's concerns? Can a woman's concern affect a
   man? Can a man's health concern affect a woman?

Experiences In Cambodia
Interestingly, the activity presented many discussions.
"What Is RH? Long discussion with team. Eventually everyone thought best way to ask was about
health problems of women and health problems of men. "(Julie Forder’s diary Feb 6th)

'More discussion about RH..."Good discussion on how to explain RH, team concluded that
'panyaha sitrei' women's problems was enough. "(Alex Maclean's diary March 27th

During this activity the women participants, whilst acknowledging that infections are transmitted
sexually, did not generally list any sexually transmitted infections as a health concern for themselves.
Only after excellent probing skills to understand clearly their visual output did the young women then
want to add some infections to their women's list of health concerns.
LISTING OF SYMPTOMS OF WOMEN AND MEN'S HEALTH PROBLEMS
(Only ask women about women's symptoms and men about men's symptoms).

WHAT IS IT?
A list of symptoms recognised by the men and women about their own health concerns.

WHAT DID WE WANT TO LEARN?
Which symptoms the participants associate with which infections.

WHY DID WE WANT TO LEARN IT?
To understand how the young people identified their own infections and understood the connection
between the infection and the symptoms.

Listing
HOW TO DO IT:
1. Explain the exercise to the participants;
2. If the participants are women - ask them to list symptoms of their diseases. If men - ask
   about men's symptoms;
3 Once the participants have mentioned some of women's/men's symptoms, ask them to make a list of all symptoms. This list can be prepared on the ground using chalk, by using symbols, or by writing on pieces of paper, or using stones, or large sheets of paper.

Questions to ask
What causes the symptom? What is irregular menstruation? What is regular menstruation? What do you think can cause menstruation to stop?

Experiences in Cambodia
At first this exercise asked women to list men's symptoms and men to list women's symptoms. However after a daily report meeting this was abandoned. The only information learnt was that neither male or female groups could list any symptoms of the opposite group.

Additionally the participants named the infections by the symptoms: "vaginal discharge, "stop menstruation," "fainting disease," "penile discharge." As diseases are not understood in a bio-mechanical model of health with associated symptoms, requesting information through this format was not successful. The symptoms are the diseases.

Translation was undertaken by a team, only one of whom had any medical knowledge. But even with medical knowledge, how can the Cambodian symptomatic appraisal of health be integrated, let alone translated to a bio-mechanical English label for a disease?

SEASONAL AFFECTS ON HEALTH
WHAT IS IT?
A chart divided into a calendar year by what ever rationale the participants decide.
WHAT DID WE WANT TO LEARN?
Any connection or cyclical patterns between the seasons and health.
WHY DID WE WANT TO LEARN IT?
To identify seasons and times in the year for health interventions.

HOW TO DO IT:
1 Explain the activity to the participants;
2 Tell the participants that you want to know how seasons can affect health;
3 Ask the participants how they would like to divide the year (months, seasons, quarters, etc.). Do not impose your calendar - there can be different forms of local calendars with which the young people will be more familiar;
4 Ask the group to prepare the calendar;
5 Once the visual is ready, the moderator can ask probing questions regarding the relationship between different variables and whether there are any other aspects of life that are affected by the seasons;
6 This visual can be used to discuss problems and opportunities.

Questions to ask
What happens in this season to make people get diarrhoea? How does this season make cholera more common?

Experiences in Cambodia
The researchers initially asked "do you know how many seasons there are in the year?" This should be the decision of the young people to design and decide how they divide the year. The leading question produced the classic schoolroom reply. 'Two seasons sub-divided into two further seasons.' It was obvious at this time that the understanding of participant power was held only as a semi-tangible concept.
LISTING AND MATRIX SCORING OF HEALTH CARE PROVIDERS

WHAT IS IT?
A list of providers on the left with different variables written or drawn from left to write all positive reasons for using a health service provider. Then each provider assessed or measured against the positive reason.

WHAT DID WE WANT TO LEARN?
We wanted to learn where young people sought help for ill health and what the positive reasons were for going to such a place. All reasons have to be positive to enable comparisons against each other and with other groups.

WHY DID WE WANT TO LEARN IT?
To help the project understand the young people's health seeking behaviour, and what reasons influenced their decisions. Additionally to help the young people examine, analyse, compare and measure the variables as a group.

Listing

HOW TO DO IT:
1. Explain the exercise to the participants;
2. Start with a discussion on the different types of people who can help when a person is not well;
3. Once the participants have mentioned, some people/places ask them to make a list. This list can be prepared using an assortment of materials;
4. Leave the group, ask them to call you back when they have finished. The note taker should record all the conversations but not offer guidance.

List of people/places

Traditional healer
Government hospital

5. Next ask the participants why they go to these people/places, make a discussion about the good reasons for going. Once all understand 'good' reasons give guidance on the matrix.

Matrix

HOW TO DO IT
1. Ask the participants to write or draw good reasons for using services across the top of the paper;
2. Leave the group, ask them to call you back when they have finished. The note taker should record all the conversations but not offer guidance.

List of people/places Reasons for going to...

Traditional healer

Trust Cheap Near Skilled etc

Scoring

HOW TO DO IT:
Once the participants have finished putting in all the good reasons:
1. Ask them to look at the service provider list one by one. Then look at the positive reasons;
3. Decide with each service provider what score they should give for each positive reason;
4. If the reason is very important give a high score (a lot of beans). If the reason is not so important give a lower score (not so many beans);
5. When the participants have decided what score they want to give each reason for going to a particular health service provider, ask them to count the beans;
6. Write the score on the paper.
<table>
<thead>
<tr>
<th>Clinic</th>
<th>Cost for 500g nutrient</th>
<th>Vs. Average</th>
<th>Services/Items</th>
<th>Expensive/Basic</th>
<th>Effective/Ineffective</th>
<th>Communicate to</th>
<th>Close to S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>35</td>
<td>14</td>
<td>48</td>
<td>14</td>
<td>42</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Traditional midwife</td>
<td>14</td>
<td>23</td>
<td>35</td>
<td>30</td>
<td>31</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Traditional doctor</td>
<td>14</td>
<td>8</td>
<td>14</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Khmer hospital</td>
<td>14</td>
<td>8</td>
<td>14</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Kandal Hospital</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Channa Hospital</td>
<td>3</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Chek Hospital</td>
<td>4</td>
<td>4</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Kandal Hospital</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>State Hospital</td>
<td>8</td>
<td>8</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Indian Hospital</td>
<td>16</td>
<td>16</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>23</td>
</tr>
</tbody>
</table>

Service provider Matrix – drawn by young women, 26th April 1999
PLA tools in action

Questions to ask

When the participants have finished, ask the group to explain the reasons for their preferences.

Experiences in Cambodia

This method presented difficulty, or put simply, resulted in chaos. During the classroom phase confusion reigned and the situation did not improve on its first field trial.

"[The researcher] struggled hard for 50 minutes to explain and remained calm. The participants struggled hard to understand. They remained interested." (Alex Maclean's diary March 27th)

It was agreed to abandon this tool and gain the information through other means. (Daily report factory 2 day 1) Later, events demonstrated the increasing confidence of the team and their growing ability to take initiative. The evening after the second factory,

"[I] found a beautiful health-service-provider matrix. On translation, the reasons were not all positive, 'far' and 'expensive' along with 'near' and 'cheap'. It turned out however, that all reasons were positive, 'far' so no one would know the participant and 'expensive' equaled good treatment. All four matrices, 1 was told were easy, no problem." (Julie Forder's diary April 6th)

TIP To help the participants with scoring as a group process, it is important to understand the group's influence on each other, and beware of group dynamics. Additionally, it would be helpful for the young workers to learn from each other during the defense or suggestion of a score.

THOUGHT BUBBLES

WHAT IS IT? A cartoon drawing of a person thinking.

WHAT DID WE WANT TO LEARN?

What young people thought about going to health service providers specifically for women's or men's health problems.

WHY DID WE WANT TO LEARN IT?

To understanding feelings that may prevent a young person seeking help from an appropriate trained service provider. To learn from these expressed feelings and work towards breaking down any barriers to health service provision that the researchers would be providing.

HOW TO DO IT:

1. Explain to the participants you want to understand their feeling about going to some health care providers for women's/men's health problems;
2. Give out thought bubbles;
3. Ask the group to complete;
4. No names on the thought bubbles.

Questions to ask

No questions were asked on this visual output as confidentiality might have been breached or compromised.

Experiences in Cambodia

All the participants took the papers away to different comers of the room. Those that said their writing was not so good asked another participant to help. Many of the thought bubbles reflected the social norms and as the tool was to facilitate expression of confidential concerns, no probing was possible. The example overleaf demonstrated the worry about living with AIDS and the dilemmas young people are faced with when seeking medical care. One advantage of this method was that it triangulated information learnt with the health service matrix and discussions with listing of health concerns.
This young small woman has a special need (multiple genitalia abnormalities under examination).

Thought bubble completed individually, young woman, 22 March 1999

This is the first time I have a check-up. I have some symptoms of AIDS. How long can I survive? What society will recognize me as a woman? I will not have sexual intercourse. I want to be a boy doctor or a nurse. Do not keep traditional values.

Can I be recognized as a woman? I survived the first check-up. How long will I live with it? I have sexual desire. 

The reasons: the traditional nurse or doctor. I go to see a doctor or a nurse.

This is the first time I have a check-up. I have some symptoms of AIDS. How long can I survive? What society will recognize me as a woman? I want to be a boy doctor or a nurse.

Can I be recognized as a woman? I survived the first check-up. How long will I live with it? I have sexual desire.
5 UNDERSTANDING YOUNG PEOPLE'S KNOWLEDGE OF WOMEN'S AND MEN'S BODIES.

BODY MAPPING

WHAT IS IT?
A hand drawn picture, full size of a woman and man with the parts of a body used for making a baby and having sex.

WHAT DID WE WANT TO LEARN?
Young people's knowledge and understanding about their own bodies and that of the opposite sex.

WHY DID WE WANT TO LEARN IT?
To understand the level of knowledge young people possessed. This held a dual purpose: to establish a baseline for future activities; to understand where misconceptions and wrong information came from and address these beliefs in future participatory educational activities.

HOW TO DO IT:
1. Ask the group for one volunteer;
2. Ask for a second volunteer;
3. The first volunteer draws around the second volunteer;
4. Ask all the participants to draw a female body with parts that make a baby;
5. Ask the participants to draw on parts of the body affected by infections transmitted through sex;
6. Ask the participants to draw a male body with the parts of the body for making babies and affected by infections transmitted through sex.

Questions to ask
How are babies made? How does a baby grow? What changes make a girl a woman and a boy a man? How does a baby get out of woman at birth? How does a girl feel when her body changes? What concerns does she have? What concerns do boys have? Who does she talk to?

Experiences In Cambodia
Methods of body mapping involved drawing around another member of the group and it brought much laughter and a lot of embarrassment. One time, a group of women called out to a member of the men's group and the male moderator if they could be used to draw around. Both declined the invitation. From all the evaluations only one reported that this method was not a good one for them and shyness always surfaced as an issue to varying degrees. The method however, generated very useful information especially knowledge about how sperm mixed in the uterus.

"Were very shy to do body mapping and shy to say why they were shy." (Alex Maclean's diary March 27"

"I am not satisfied drawing naked bodies." (Evaluation by young man)

From this method the findings show that the penis was identified by all the groups as the male reproductive organ. It was clearly expressed that the penis had two functions: to urinate and for ejaculation. The function of the testicles was less clear.

The female reproductive system was presented in body maps by most female workers and all male workers as a single organ. One group of women and one group of men drew a clitoris though its position was not anatomically correct.
Body Mapping of a woman drawn by women 27th March 1999

Diseases that can be transmitted through the reproductive organs include: AIDS, chlamydia, syphilis, gonorrhea, pelvic inflammatory disease, and different sexually transmitted diseases.
LISTING AND SCORING METHODS OF CONTRACEPTION

WHAT IS IT?
A list of all contraceptives known to the participants.

WHAT DID WE WANT TO LEARN?
What information about contraceptives the participants had, and how many modern and traditional methods they knew.

WHY DID WE WANT TO LEARN IT?
The reasons are again two fold: to appreciate the level of information the young people already possess as a baseline; and secondly to understand what the young people know in order to design participatory educational activities.

Listing
HOW TO DO IT: Steps
1. Explain the exercise to the participants;
2. Ask the participants to list all of the contraceptives they have ever heard of;
3. This list can be prepared using a variety of materials.

Method to protect from having a baby
Norplant
Pill
Condom
Depo

Scoring
Steps
1. Ask the participants to give a score to each method in terms of the method preference for young people.

<table>
<thead>
<tr>
<th>Method to protect from having a baby</th>
<th>Score in order of reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norplant</td>
<td>171 highest number most referred</td>
</tr>
<tr>
<td>Pill</td>
<td>71</td>
</tr>
<tr>
<td>Condom</td>
<td>61</td>
</tr>
<tr>
<td>Depo injection (rovers)</td>
<td>106</td>
</tr>
</tbody>
</table>

Questions to ask
Can condoms protect against pregnancy as well as infections? Do you know any one using this method?
What made you choose this as the most preferred contraceptive?

Experiences in Cambodia:
Many of the participants were knowledgeable about contraceptives and most groups mentioned Norplant; though the same rumours that have been well documented in other research surfaced here.

Scoring was less useful for this target population as they did not wish to talk about personal knowledge of contraceptives. It was only useful to offer an insight into perceptions of contraceptives most preferred. A column identifying advantages and disadvantages of methods would have been more useful.
UNDERSTANDING YOUNG PEOPLE’S RELATIONSHIPS

CARTOON DRAWING

WHAT IS IT?
Hand drawn cartoon about a selected topic.

WHAT DID WE WANT TO LEARN?
Three areas of young people's lives and relationships. First about young people's perception of a normal sequence of events in a girl's life and boy's life. Second about a boyfriend/girlfriend relationship - courtship, and finally the sequence of events leading to a marriage.

WHY DID WE WANT TO LEARN IT?
To help get more in-depth information and understanding of young people's sexual relationships and behaviour. Therefore help to identify areas in a relationship that may make a person more vulnerable towards unwanted pregnancy or infections, and thus target appropriate and specific health intervention strategies. Moreover, to help to triangulate the information gained from other exercises.

HOW TO DO IT:
1. Ask the group what normally happens in a girl's and boy's life;
2. Ask the group to draw this sequence of events on a big sheet of paper;
3. Leave the group to decide about the sequence of events and to draw;
4. When the participants have finished ask questions.

Questions to ask:
is the girl happy with these things happening in her life? Is the boy happy with these things happening in his life?

CARTOON DRAWING - Repeat the exercise
1. Ask the participants what happens when a girl and a boy start a relationship;
2. Ask the group to draw pictures of this;
3. After all cartoon drawing are finished, ask questions.

Questions to ask:
Who starts the relationship. How would they take the initiative. Where would they meet? How do they spend their time together? What are the girl's concerns? What are the boy's concerns? Are they ever alone? If so explain? Would their parents know? What would their parents know? After how much time of knowing each other do they have sex? - please ask questions to see what actually is meant by sex, touching, feeling or penetration, etc. Where were they having sex? At what time? How long will the relationship last? How old are the picture people? Will she tell anyone? Who? Will he tell anyone? Who? With how many people will she/he have a relationship? Is money or gifts paid for with sex?

CARTOON DRAWING - Repeat the exercise
1. Ask the participants what normally happens from courtship to marriage;
2. Ask the group to draw pictures of this;
3. After all Cartoon drawings are finished, ask questions.

Questions to ask:
When is the best time to select the person you will marry? What are the reasons? Who is the best person to select whom you will marry? How long before marriage will a girl and boy know each other?
Cartoon Drawing Illustrating possible events in a boy-girl relationship - by women 1st May 1999
Man sees woman drawing water.

What is your name?

Man asks for a drink of water.

Please sit down!

When I first met you, I liked you very much.

If I love you, will you become my wife?

OK, I will talk to your parents.

Well, let's think about it.

I'll take you to visit Phnom Penh.

So, we'll meet tomorrow.

Are you happy?

It looks like rain! We'll rent a guest house.

Yes, I'm happy!

Art you cold?

Yes, you don't have anything to cover your body.

Can you be patient?

Do you love me?

Yes, I do.

Do you love me?

Yes, I do.

The rain is about to stop. We can go home soon.
Cartoon drawings were used to represent relationships and events in a person's life. Drawing was enjoyed and in some groups everyone sat around the paper and added to the story of a girl/boy relationship, the story flowing in a circle with the chatter. Drawing did create some angst. The participants talked together about how to draw the hair of a young woman. In bunches? Parted? Parted to which side? What colour should the hands be drawn? The drawing had to be "sa-at" a word translated as beautiful, but also meaning clean and smart. The participants were clearly concerned about drawing the picture wrong. Initial nerves over ability to draw soon resolved as everyone in a group picked up a pen. One of the researchers thought that this was one of the best methods. All the participants enjoyed the activity.

TIP All participants should be given a pen so that they can have equal opportunity to contribute to the activity.

From the cartoon drawings we learnt that all courtships ended in one of two ways. The couple have sex and were happy because they have known each other a few years, alternatively as one of the attached drawings illustrates. The woman becomes pregnant. In this cartoon the man is informed but refuses to take any responsibility eventually however he pays for the abortion. The woman in the closing scene asks him to marry her, he refuses and they break the relationship. The initiative shown by the female character in this cartoon is a rare example of a woman taking overt action in a relationship.

During a workshop to the researchers as learners, they were asked to draw a person at 15 years, 19 years and 22 years of age. Then describe types of employment and the social status the figure in the drawing may have or attain. The objective was that the learners openly acknowledged young people were not a homogenous group.

During field work instead of asking the participants to draw a normal sequence of events in a girl and boy's life, they were asked to do the same as the workshop exercise. Some useful information was learnt, but more importantly the participants thoroughly enjoyed drawing.

A matter that requires serious consideration was broached by an advisor: in a country with a fragile stability and a nascent industrial economy that could be easily shattered, does the exploration of an unknown and unpredictable future of young adults required the same sensitivity as when discussing sexual relationships and practices?
UNDERSTANDING YOUNG PEOPLE’S SEXUAL BEHAVIOUR

CAUSAL-IMPACT ANALYSIS (FLOW DIAGRAMS)

WHAT IS IT?
A diagrammatic representation demonstrating the reasons for sex and its potential consequences.

WHAT DID WE WANT TO LEARN?
What the young people understood and thought the reasons were for sex. Also to understand their perceptions and knowledge as to the consequences of sex.

WHY DID WE WANT TO LEARN IT?
To appreciate the perspective of sex from the minds of the young participants. Its causes and impact on a young person's life. In addition, searching for areas in knowledge and attitude that might make a person vulnerable and thus identify areas for targeted health promotion strategies.

HOW TO DO IT:
1. Tell the participants that you would like to understand about young people's reasons for sex;
2. Begin with stimulating a discussion and involve the whole group. Ask the participants to suggest the reasons for young people having sex;
3. Once all the group has started to contribute ask a participant to draw a big circle and put "reasons for sex" in the middle;
4. When the participants have a few reasons ask them to write them down with an arrow into the circle;
5. Leave the group until they have finished.

6. Once the group has thought of all the reasons there could be to have sex, ask the participants to draw arrows coming out of the circle with all possible consequences of having sex;
7. Leave the participants to do the analysis alone;
8. Rank and score both the causes and the outcome;
9. By numbers, or by beans then count.

Questions to ask
Discuss with the group the links between different causes and outcomes. Why do women sell sex? Why do men have sex with sex workers? What methods of abortion have they heard about? What are the dangers to abortion? To many children?...

Experiences in Cambodia
"Group relaxed and happy - lots of laughter good discussion... many fears coming out ... Participants taking control and calling moderator back when they'd finished." (Women’s group Alex Maclean's diary March 28th)
Causality analysis reasons for sex by young women 2nd May 1999
Consequences of sex - by women 2nd May 1999
SEX CENSUS

WHAT IS IT?
A question and answer session whereby the answers are written or symbols drawn on pieces of paper that are then noted and destroyed. A non-participatory method of learning about sexual relationships.

WHAT DID WE WANT TO LEARN? About actual sexual behaviour and experiences in a confidential way.

WHY DID WE WANT TO LEARN IT?
To understand clearly the sexual behaviour of the young people in the group.

HOW TO DO IT:
1. Explain to the participants in order that you can provide services to help young men and young women stay healthy, you need some personal information;
2. Tell the group that this exercise is only for those who want to be involved, anyone not willing to take part in the analysis should leave the room for a short time;
3. Sit with the group of young people in a place where you will not be disturbed;
4. The note taker and the moderator need to work together with this exercise;
5. All the participants should have a pen of the same colour or a pencil;
6. You should have prepared a pile of small pieces of paper before you started. The number of pieces of paper you need depends on how many questions and how many participants;
7. Tell the participants you will ask one question. They should write the reply (or draw an agreed symbol) on one slip of paper. DO NOT write their names.
8. Everyone must write something;
9. Ask a question;
10. Give out a piece of paper;
11. Ask the participants to write/draw their answer on the paper, everyone HAS to write;
12. Ask the participants to fold the paper. Everyone should try and fold their paper the same;
13. Collect the folded pieces of paper from all the participants;
14. The note taker counts and records the anonymous responses - no one else can see;
15. Destroy the pieces of paper in front of the group;
16. Ask the next question;
17. After all the questions are finished, collate the information;
18. For confidentiality and anonymity this information was not shared with the group.

PLEASE REMEMBER: You should already have prepared a list of questions to be asked.

Questions such as:
Have you ever had a sexual relationship? What was your age at first sex? With whom did you have your first sexual relationship? Did you receive/give gifts or payment for this sex? With how many partners have you had sex with so far? Have you ever had sex with a close relative? Number of partners with whom you have had sex with in the last three months.

The list used will depend on what has been said in previous exercises and what information is needed to help understand the lives and needs of young people in your area.

Experiences In Cambodia
The first experience of PLA with a group of young single women faced a problem. The female researchers, although initially expressed confidence in their ability to talk about sex openly - after all they were midwives, found themselves unable to ask 'good' women about possible 'bad' behavior.

'I stepped In, after discussion with the research team, I asked the participants if the researchers could ask them personal questions with an explanation of why the information was important to us. The participants agreed without hesitation but the researchers remained uncomfortable. In halting Khmer I asked about the young women's sexual relationships. When the scrap bits of paper came in with symbols that represented the replies, the researcher charged with noting down the answers found it difficult to remain quiet and not share the answers with us all. Her eyes lit up, she went from sitting on the
By the end of this session, the method yielded little in the way of direct information, but it somehow facilitated trust and many questions poured out from the participants. Questions the young women had been unable to ask anyone before for fear of gaining a 'bad woman' label. Throughout the following three months of fieldwork, it seemed that although this was still a sensitive activity, questions about sex in a personal situation opposed to a medical setting of midwife, patient, were asked and responses acknowledged in a supportive style. The questions that were eventually asked came down to four - Have you ever had a sexual relationship? -Was this forced or voluntary? -With whom did you have sex? -[List of nouns given with symbols for each possible relationship. During a workshop 'father' and 'authority figure' were added by the researchers]. – How old were you when you first had sex?

At times voluntary sex was asked as ping chat, chong ban or yoll prom. Direct translation is 'like,' 'want' or 'agree.' Which according to some Cambodian English speakers means exactly the same in this context. Translation back to English by the team of translators sometimes said 'satisfied.' Working in a second language certainly throws up some interesting interpretations of life and sex.

GROUP ROLE PLAY
WHAT IS IT?
Play acting the parts of other people
WHAT DID WE WANT TO LEARN?
What conversations young people thought they would have with their sexual partner if one had a genito-urinary infection.
WHY DID WE WANT TO LEARN IT?
To learn about conversations, real or perceived by the young people and therefore gain an insight into thinking, attitudes and behaviour. To identify areas for potential health promotion activities and to enable the young people to practice negotiation.

HOW TO DO IT:
1. Ask the participants to split into two groups;
2. Ask them to identify one person for each group who will be the role model;
3. Tell the participants that "A wife has an infection of her vagina. She is worried that this is a serious disease and does not know where it came from. She has to tell her husband. He thinks it is an infection from another man;"
4. The two people identified in the two groups have to choose to be the man or the woman;
5. Ask the two people to pretend that they are those people in the story;
6. Tell the others in the group that they can help their role model with things to say to the husband or wife;
7. When the participants are finished, ask each one of them how it felt.

ROLE PLAY - Repeat the exercise
Follow steps as above but change the storey line. Tell the participants that "a man has a discharge from his penis. He thinks it is from sex with a sex worker. He has to tell his wife."

Experiences in Cambodia
Often the participants were shy to speak, but in teams with one person nominated as a spokesperson, other members of their team could whisper questions to ask or replies to make. All were shy but all members of the group participated and the moderators reported that the participants really enjoyed this approach. At times role-play produced screams of delight and hilarity sometimes disturbing the group in the room next door.

More often, the conversations were quite simple and the 'male' unquestioningly or with little persuasion agreed to use a condom or go for a blood check.
Scrip from a role play - women
A wife gets an infection that could have been transmitted through sex. How does she tell her husband?

Wife: Man has to say first.
Husband: Let's go to bed with me.
Wife: I don't want to go yet. You go first.
Husband: Why don't you want to go to bed with me?
Wife: I feel no good, I have something that I cannot tell you.
Husband: Please tell me.
Wife: I can tell you if you don't blame me.
Husband: Tell me.
Wife: I have an infection from sex.
Husband: Why have you got this infection? And when?
Wife: You transmitted it to me.
Husband: I never had it, perhaps you got it from someone else.
Wife: You can had it when you were single.
Husband: I used condoms.
Wife: You didn't use condoms or perhaps the condoms tore.
Husband: Did you ever urinate anywhere?
Wife: I don't know, but I think that you caused it.
Husband: Let's go to sleep.
Wife: I can't sleep.

Scrip from a role play - men
Husband wants to use a condom. What does he say to his wife?

Moderator: Who is a volunteer to be a wife? Who is a brave man?
Participant: I am looking, I am not brave.
Moderator: I would like to have a volunteer so that you can explore in your own words, can you play as a wife?

Lots of negotiation with the participants before the role-play started

Husband: Now we have 2 children, I am also busy with my job and our life is not so good. I'd like you to use birth spacing so that you have no problems. I will use a condom. What is your idea?
Wife: Up to your decision dear.
Moderator: Any more ideas?
Husband: Don't you think my idea is strange?
Wife: Strange or not, this is your business. You may go to bed with other women. Husband, If you don't mind I decide to use a condom. I think I shall use them, what do you think?
Wife: Up to the man.
Husband: Now can we have sex?
Participant: Don't you think your husband has an infection?
Participant: Do you have infection that's why you want to use the condom?
Participant: Do you have another woman that's why you worry about infection?
Husband: I don't have infection but I want to space the birth. If we have many children it will cause problem to our job. If you have a job with one company and you take leave for delivery your salary will be cut from $100 to $50 so our life will get worse a little.
FOCUS GROUP INTERVIEWS

WHAT IS IT?
A group discussion focused on a specific topic with a group of 5-7 people who have similarities of age, sex, living and working conditions.

WHAT DID WE WANT TO LEARN?
This was fundamentally the tool used to start and stimulate the groups at the beginning of each activity. Moreover, at the end to question all visual outputs. It was primarily used to learn about influences in groups and decision making processes.

WHY DID WE WANT TO LEARN IT?
To understand young people's relationships with one another and what influenced the decisions that were made.

HOW TO DO IT:
Steps
1. Choose a place that the young people feel comfortable in, a place where there will be no disturbances;
2. Follow the steps for each exercise you want them to do;
3. Probing, asking sensitive questions and stimulating the group to discuss an issue is crucial to the use of this method.

Experiences in Cambodia
The lessons and experiences learnt using a participatory approach and therefore applying principles of facilitating focus group discussions, have been discussed per tool. In general, qualitative research and health intervention strategies demand a high degree of skill complimented by a belief in the value of people and underpinned by a positive attitude and an approach that listens and probes. The researchers have developed many new skills and techniques over the course of using PLA in this needs assessment. Moreover, they all have clearly demonstrated affirmation of participatory principles through their approach to their work and their interaction with the young factory workers.

DREAM CLINIC
WHAT IS IT? Any method chosen by the participants to describe an ideal dream clinic.
WHAT DID WE WANT TO LEARN? What qualities young people think a clinic should have.
WHY DID WE WANT TO LEARN IT?
To learn what young people thought was ideal and adapt or select ideas that were suggested.

HOW TO DO IT:
1. Tell the participants that you would like to learn what an ideal clinic would be for them;
2. Begin a discussion about the positive reasons mentioned in the service provider matrix;
3. When all the participants understand what kind of information you want, ask them to decide how they want to represent this information to you.

Experiences in Cambodia
Interesting suggestions were offered, and poverty was certainly an issue to seeking health care. Other suggestions included a good room, which meant not a kitchen, and a good doctor, though it was not clear from the information what good meant.
QUESTIONS AND ANSWERS
This was session held at the end of the third day. It would have been of greater benefit to document this session more clearly as many questions illuminated the knowledge or attitudes of the young participants. "How does a 5kg baby grow in a woman?" "Where does it grow?" "How does it actually get out?" "Where does the skin go (when a flaccid penis become erect?)."

EVALUATIONS BY THE YOUNG FACTORY WORKERS
It was decided at the beginning of the PLA process that asking participants for their opinions and impressions of the activities would be an important feedback session for the researchers. Evaluations were requested at the end of the third day from all participants.

"...I really liked about the health problems because it concerns our Cambodian life. We very much appreciate the sessions for making our life bright..." (woman)

"I was made aware of AIDS disease for women who have sex..." (woman)

"I love everything during the three days such as questions about health ... and rice..." (man)

"To thank CARE organisation for spending valuable time..." (man)

"Made me understand about matters in each family and the entire society and about sexual diseases..." (woman)

"We on behalf of factory workers express our profound gratitude." (man)

"And they [researchers] asked about this and that in order to have good fun and to help us understand about other problems and diseases..." (woman)

"I have been very happy to met ... sister" Ren and sister Rattanak...when I go back home I will tell my mom, my dad and my sister that the two sisters made me understand about diseases especially AIDS. "(woman)

The negative comments written on an unhappy face have already been mentioned throughout the report, most of these referred to the 15 minute late arrival of the staff and the poor quality food on the first day at the first factory. The only negative comment about the activities was made by one young man who not like to draw naked bodies.

11 Sister in this context is used as a mark of respect and not indicative of blood relationships.
PLA tools in action

Evaluation completed individually by young woman 2nd May 1999
SECTION FOUR - DOCUMENTATION

The documentation of a process such as this presents many challenges, not least working in two languages that convey different concepts. Using PLA is in fact adapting a participatory approach to every aspect of the project, and the process would be best represented by a longitudinal study. The documentation of this process therefore only offers a glimpse over an eight month period.

This section is divided into five sub-divisions; field notes, daily research report, synthesis report, final report and evaluations.

FIELD NOTES
WHAT IS IT? The hand written notes kept of all conversations during the PLA activities
WHY DID WE KEEP NOTES?
To have all conversations documented. The researchers used the documented field notes for analysis.
Analysis was required to identify patterns of behaviour that manifested themselves in the young people's conversations. Patterns of behaviour were needed to be understood in order to direct health services and design appropriate health intervention strategies.

HOW TO DO IT:
1. The note taker must understand clearly that all conversations must be recorded, the more the better. The words, phrases and sentences that are actually used give an insight into how young people perceive and explain the world around them. Words create the concepts and describe the reality of life. Summarising or using the note takers own words will lose some of the richness that qualitative data provides. The richness of the data is important to feed into the analysis in order to attain a greater understanding of the thoughts, feelings and practices of the young work force;
2. All field notes must be written in black;
3. Each note taker is responsible for the field notes during the day and until they are completed;
4. After the day's activity, the note taker must take the audio cassette and taped conversations home and fill in any gaps in the hand written notes;
5. All tapes must be labelled clearly;
6. The note taker must return the field notes to the researcher as soon as they are completed.

Experiences in Cambodia
The note takers joined the researchers during their workshop in March. Four days were spent practising the methods while the note takers wrote down and audio-taped the conversations. Time was allowed to learn about the audio-cassette and discuss the notes that had been taken.

"Why is the note taker NOT writing?" (Julie Forder's diary April 3rd)
Note taking is certainly an important but difficult activity. Despite many discussions with note takers and researchers in the classroom and out at the factory sites, at times, note takers continued to believe that they could judge what parts of the conversation were important. The last day, and the last activity, found that many of the note takers waited until the conclusion of a conversation and then summarised it into their own words.

DAILY RESEARCH REPORT
WHAT IS IT? A joint report from all the researchers about the day's activities.
WHAT DID WE WANT TO LEARN?
We wanted to document daily the information we learnt with the young people. Additionally, it was important to keep a record of any problems from the day and document which strategies were successful in resolving the issue.
WHY DID WE WANT TO LEARN IT?
Primarily to enhance the analysis and understanding of what young people were saying. Secondly, to act as a reminder to problems and solutions which will be used to inform future practices.

HOW TO DO IT:
1. The agenda for the meeting has to be set with the entire team to decide how best to use the limited time available;
2. Nominate a minute keeper;
3. Discuss what happened in the day, what time they started activities, any problems, and distractions;
4. Discuss the methods, what the researchers felt had worked well and what method had not been successful - advisor to give feedback from observations;
5. Discuss what the researchers had learnt about themselves and what information they had learnt from the participants.

Experiences in Cambodia
During this project, the use of the time for these daily reports was adapted to fit in with the needs of the researchers and the time scale in which the research was completed. Each day in the factory meant leaving the office at 6 - lam, beginning activities some 30 -45 minutes later depending on traffic, having a working break morning and afternoon. An hour for lunch, finishing between 4 - 6 pm then helping the young people get home. An exceptionally late evening occurred when the car broke down. The young factory workers were concerned about going home alone in the dark and crying, the staff did not get back to the office until 8pm.
Thus after a full day of participatory activities, dealing with angry overworked factory managers, tree fellers, house builders and karaoke singing next door, the daily meeting was held. This time was spent discussing findings, logistical problems and complications with methods. The researchers were animated when relating their findings asking their colleague researchers what other groups had talked about. This stimulating conversation and process of cross referencing after a full tiring day was facilitated by the advisors and researchers speaking in the researchers mother tongue - Khmer. Many nights the researchers decided to do an individual daily report which they would take home and without fail have it completed by the next morning!

SYNTHESIS REPORT
WHAT IS IT?
A compilation report per factory including the daily reports and all information from the field notes read, highlighted, categorised and rewritten.
WHAT DID WE WANT TO LEARN?
Themes and patterns of behaviour, similar or opposite, but behaviours, knowledge and/or attitudes that made the young people unable to make safe sexual decisions for themselves or protect others from harm in a sexual relationship.

WHY DID WE WANT TO LEARN IT?
To identify decision-making practices. To explore relationships with friends and relatives that the young people have and that affect their lives and choices. To identify communication channels; barriers to seeking health care. Importantly to identify potential points for appropriate, targeted health intervention strategies based on the reality perceived and expressed by young people.

HOW TO DO IT:
copying visual outputs
1. Copy all visual output exactly as the group has drawn them;
2. Use all the words the young people use whether you feel they are good or bad;
3. Record the date time and which group you were working with;
Make sure all the symbols used are documented to understand what they represent.

Have the checklist of questions that need answers available (page );

Analyse all the information from the different methods under each topics of living and working conditions; health and sexual health; sex and relationships;

Add anything new or different themes that came out of the appraisal;

The final findings under each topic may be quite different from each other;

You should look for similarities and differences across all groups;

If any questions have not been answered DO NOT give your opinion. State clearly that there are gaps in the information.

Experiences in Cambodia
Steps one - four (1 -4 above) had to be allocated into this time originally made available for the synthesis report. There was just insufficient time in the original plan (daily report meeting) to copy the visual outputs. Thus less time was now available for reading, highlighting and categorising the field notes. The researchers did however, despite the long days and nights, appreciate the opportunity and learning experiences gained through this lengthy process.

"The researchers were very appreciative that they had the opportunity to learn about analysis and analyse the work from the factories." (Julie Forder's diary May 12th)

Categorising the information into three broad headings was relatively easy for the researchers to do. It was more difficult, however to identify a deeper meaning from these categories and to separate fact, from rumour or opinion from fact. Facts remained very difficult to define in a participatory approach to understanding perceptions of sexual health.

FINAL REPORT

WHAT IS IT?
A report bringing together the whole experience from access, to reasons for selecting PLA, methodology, findings, interpretation and recommendations selected from identifying points for health intervention strategies for this project and beyond.

WHY DID WE WANT TO DO IT?
To share the experience and the research findings that may benefit the factory workers.

HOW TO DO IT:
1  Give the researchers reports in their own language from a qualitative study;
2  Decide whom the report is aimed at and the purpose;
3  Agree on sections, chapters;
4  Allocate different team members to write different sections;
5  Write ...revise ...write ...revise ...write ...;
6  Give to outside people for comment;
7  Write ...revise ...write ...revise ...write...
8  Go for it, you cannot please all of the people all of the time.

Experiences in Cambodia
The technical advisors recruited all possessed a working knowledge of Khmer. English language and report writing were reported as concerns by all of the researchers at the onset of this project. While the English language skills of all the researchers has improved, it is easier to measure the production of a 'Khmer language report as an output and a wonderful achievement.
EVALUATIONS
At the beginning of the research the researchers were asked to keep a diary of incidents that they felt were important to them as learners and as researchers. The purpose of this was to help the advisor assess and evaluate the course of events over time. The majority of incidents and descriptions were made in daily reports or verbal comments and therefore a methodical evaluation was not possible.
After the final report was produced in Khmer and presented in English and Khmer, the team were asked to reflect upon their experiences and write their feelings or thoughts down. The following quotes show a wide range of personal assessments, from the past experiences to the future and how these will affect the continuing process of participatory work in the factories.
By the researchers
"Happy to work with the [advisors] because they can speak Khmer well."
"Very happy with [learning about PLAT] establish a close relationship among friends especially [advisors] who make me feel good and have clear ideas, both friends and trainers..."
"Analysis with [advisor] makes clear about recommendations from PLA, but we selected what [this project] can do in the next two years."
"It is strange, during PLA I kept saying I am nova teacher, I am here to learn from you, but at the end the factory workers all said they had learnt - it seemed that the workers learned from each other and we helped them to understand."
"Our communication with factory managers is not so close, we may not achieve our final project objectives."
By advisors
The daily diaries kept by the advisors were the source for many of the lessons learnt and have been quoted throughout this report - the following were selected by the advisors themselves to reflect the moments of achievement.
"Despite a slow start and a very small matrix the participants have plenty to say and the moderator keeps them talking and is listening well." (Alex Maclean's diary March 27th)
"Why am I so surprised everyone is working so well? The drivers..., the women helping with the food all sorted out into individual packs and on time. The moderators. By 10.30 lots of chatter..." (Julie Forder's diary April 3rd)
PLA tools in action

SECTION FIVE - CONCLUSION

1. LESSONS LEARNT FROM THE PROCESS

1.1 Perceived and Real Barriers

It appears to the author that essential components of a participatory approach to sexual health are trust, mutual respect and the ability to facilitate open discussions about sexual health matters. In a hierarchical country recovering from its recent traumatic past where a whole society learned to distrust their neighbour and children learned to spy on their parents. Trust is a precious commodity. The impact of this on the researchers, the participants and the research remains a theoretical issue, it is unclear what affect it had, it did not however, create insurmountable barriers for the researchers or participants. Research into sexual health often raises many issues and is faced with many barriers. The lesson learnt today was that no barriers are as insurmountable as those that are raised in rhetoric.

1.2 Time

Through this process the fundamental lesson that was learnt was the need for a longer period of time (longer than four months); more time for the Cambodian staff to fully understand a participatory approach before adapting tools and applying it to research; time to analyse their piles of field notes, daily reports and synthesis reports to produce a final report was too short, yet the staff did it, and did it well and time to get Khmer translated into English. The solution, if lessons are to be learnt, is more time, or less than 12 groups of participants would be suggested.

1.3 Preparation for Participation

The development of a concept of participatory approaches to health assessment and interventions prior to the application of participatory tools would have been advantageous. And possibly resulted in less repetitive directive comments from the advisors. The repetitive statements fell into two categories; the researcher must leave the participants alone to complete the activity; and, the researcher must ask probing questions to understand the exact meaning of visual outputs, statements, opinions or beliefs held by the young factory workers about life, health and sexual relationships. This however proved and proves difficult to be a lesson learnt as it is a puzzling problem to learn from. It seems impossible to develop practical facilitation or moderating skills based on a concept alone, some actual experience must be applied, observed and practised before further development of communication skills can be realised.

1.4 The Process and Capacity Building

In terms of capacity building, using PLA tools to practically introduce a participatory concept to the project staff has been successful despite the pressure of time, and would be recommended to others. The measurement of this success has mainly been derived through comments by the project staff; their confidence to advocate for the young workers clearly demonstrated in presentations; the production of a Khmer language report written after exercising the necessary analytical skills; and a marked improvement in facilitation skills. It was noted at a recent workshop that facilitation skills of the project staff reflected greater sensitivity and probing techniques than those of other participants. All of this is deemed as a success for the continuation of a participatory process.

1.5 The Tools

The most significant lessons learnt have been described throughout this report. Namely, the need for the adaptation of the tools to be more specific; to ask what that group thought about contraception, to ask about preference rates of contraception for that group’s mothers..., to ask about the advantages and disadvantages of contraception and not just rank them. Moreover, the flexibility of using PLA meant that the tools were explained at times, slightly differently by different researchers. Though this in itself is no problem it did make comparisons across the 12 groups challenging.
FINDINGS OF RESEARCH

The research objectives were met and for a full account please refer to the report "Sewing for a better future?" In brief, the lives of the workers and their arrival at a health related decision, is complex and intricate. Though somewhat unsurprisingly this is based on a number of factors, and depending on the question that requires an answer, fact, rumour, elder's beliefs, the peer group's perceived opinion and cost all affect the outcome. What appeared surprising to the author was the extent to which rumour negated the impact of fact. This leads to the conclusion that when facts, as defined by western bio-medical technology, are superimposed onto cultural beliefs without facilitating their integration through a participatory community approach. Behaviour in terms of informed choice, ability to make risk assessments and thus safer sexual practices will remain an action based predominately on rumour, cultural beliefs and traditional roles. The results of which leave both women and men vulnerable in sexual relationships. A simple example is the inability to talk about condoms, whilst more women than men rated condoms very highly for preference of use, the use of condoms implies that one partner does not trust the other and, as in the scripts of courtship (the cartoon drawings) women must trust a man before sex. However, she cannot talk about sex and a man can only know if she wants sex by touching her arm and receiving no negative reaction. All participants believe it is very difficult for either partner to discuss the use of condoms within marriage, an institution they all believe they will enter.

Work in the factories and living in the city is full of problems and the majority of the employees’ only reason for being there is poverty in their home provinces. Though for some who earn less than 30USD per month it is difficult to understand how poverty can be alleviated when living costs are estimated to be about 20USD: salaries in the last month were reported to range from 7 - 70USD, varying greatly as do the conditions under which these young people work. For women the city presents many dangers: fears of trickery, deception and violence, of rape, of being drugged, caught and sold into the sex industry. Still others talk about the men who offer incentives for sex. Moreover these same women face societal pressure to make themselves sexually attractive after puberty yet, any perceived sexual misdemeanour or rumour can bring their reputation into question. It seems that the identity of these young women exists only by virtue of others and by proxy to opinion. It is easy to understand how some women perceive that they have little or no autonomy over their lives and as such, are placed in an extremely vulnerable situation which invalidates any ability to make safe/r sexual decisions. Men, it appears are perceived and expected to be the ones initiating sexual contact and to commence sexual activity soon after puberty. This initiation into sexual activity is widely believed and openly accepted to be with sex workers. The societal acceptance of these diverse practices of women and men perpetuates the gender roles that negates effective communication and safe sex negotiation between the two.

FUTURE AND SUSTAINABILITY

At every stage of the process factory management has been and will be actively involved as much as their many work pressures will allow them. The factory workers remain extremely interested and for ever enthusiastic to commit whatever time they have free to participatory health activities. In terms of long term sustainability, the future is by no means certain, it is extremely dependant on the growth of the nascent garment industry, the growth and stability of the national and regional economy and the whim of the factory management. The aim is to try and make a demonstrable difference to the smooth running of the factory which would inspire some of the managers and owners to institutionalise improved health services. The management of one factory is very committed. It has good worker representation, enthusiastic health staff and the owner will bear the cost of the extra funding to renovate a clinic. All the factories involved in the participatory research sent at least two representatives to a presentation of the findings and entered into discussions offering opinions and suggestions on the findings and on future action.

Action has resulted in all the factories' health staff receiving additional training in STD management and information about contraceptives, as have the LNGO counterparts. Agreements on the restoration of five factory clinics with intensive support from CARE and its partners for six months have been reached after which the support will be reviewed. Participatory health and sex education activities have commenced: the curriculum runs over a six week course per factory. Involving five groups of 15 workers each (one group male), these groups will hopefully lead to a supportive environment within which the workers can help spread correct information and cast enough doubt on rumours to render them inoperable.
15) What health services are provided in this factory?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health medicine</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>First aid</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Birth spacing</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>STD diagnosis</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>STD treatment</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Referral</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>HIV/AIDS Education</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

For interviewer to complete when respondent informs them of the service

16) Who provides these services?

- Trained nurse
- Trained midwife
- Trained doctor
- Trained first aid worker
- Other...........................................................

For interviewer to complete when respondent informs them of the service

17) When in the day are emergency services available for the workers?

18) When in the day are other health services available for the workers?

19) What services do you think should be provided?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health medicine</td>
<td>yes</td>
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<tr>
<td>First aid</td>
<td>yes</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Referral</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>HIV/AIDS Education</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For interviewer to complete when respondent informs them of the service

20) How much time is lost to sickness in a month?

21) Are you interested in working with CARE to help the workers keep healthy? Yes No

22) Would you like to say anything else about reproductive health and young people in Cambodia?

CARE International in Cambodia
Appendix 2: Factory Managers' Perceptions of the Sexual and Reproductive Health Awareness of their Young Workers

Explanation I would like to ask you a few more questions. I will read out a statement and can you tell me whether you: Strongly Agree : Agree : Unsure : Disagree : Strongly Disagree.

<table>
<thead>
<tr>
<th>Factory Managers' Perceptions</th>
<th>Strongly</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most male factory workers do not know about sex</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Most female factory workers do not know about sex</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Most male factory workers do not know about contraception</td>
<td>1</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Most female factory workers do not know about contraception</td>
<td>3</td>
<td>15</td>
<td>4</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Most male factory workers do not know about STDs</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Most female factory workers do not know about STDs</td>
<td>2</td>
<td>15</td>
<td>3</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Young factory workers do not know about HIV/AIDS</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception should be made available to all young people</td>
<td>6</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Besides AIDS, STDs are not serious diseases</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young people should know where to get safe abortion</td>
<td>8</td>
<td>23</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

APPENDICES

Appendix 1: Interviews for Factory Managers and Other Key Informants

Factory profile
Explanation: This interview is to help CARE, a Non Governmental Organisation, provide health care to your employees who are aged less than 29 years. The purpose is to help them stay healthy and you have less time lost due to sickness or worry.

1) Name of Factory

2) Location (address)

3) Name of respondent

4) Telephone numbers and contacts

5) Which year did the factory first open in Cambodia?

Personnel profile
Explanation: This questionnaire is to help CARE find out which factory owners, managers and employees would benefit most from CARE’s reproductive health project.

5) Total number of employees

6) Number of employees aged less than 29-years

7) Number of women aged less than 29-years

8) Number of single women aged less than 29-years

Health Profile

9) What in your opinion, is the age a girl becomes a woman?

10) What reasons make a girl a woman?

11) What in your opinion, is the age a boy becomes a man?

12) What reasons make a boy a man?

13) In your opinion, in this factory which health problems are the most serious for younger men aged 15 – 29 years?

14) And which health problems are the most serious for younger women aged 15 – 29 years?