HIV Transmission from Husbands to Wives in Cambodia: the Women's Lived Experiences

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Abstract

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In spite of an impressive overall decline since 1997, HIV transmission among married women has emerged as a new threat in Cambodia. The purpose of this interpretive phenomenological investigation was to understand the culturally and socially embedded meanings and lived experience of Cambodian women whose HIV infected spouses transmitted HIV to their wife. The theoretical framework and assumptions of Heidegger phenomenology guided this inquiry. Fifteen married women, who were infected with HIV from their husbands, completed grade 12 or less, and were sexually active with their husbands, participated in the investigation.

The women's narratives revealed cultural beliefs and practices in marriage, as well as the experiences of discovering HIV and living with the virus. The overarching theme was *The Loss of the Past, the Loss of the Future* as a Life Journey of a Khmer woman before and after her HIV diagnosis. From the view of the woman as a person, women lost their sense of self in their past and were forsaken ones in their future. Analysis yielded four main themes: *(a) Adhering to Traditional Khmer Family Values and Fulfilling the Role of a Khmer Wife; (b) Becoming a Person with HIV, (c) Undergoing Changes, and (d) Moving on with Life.*

The participants reported their lives had been focused on the adherence to cultural Khmer gender values since they were young girls. However, their husbands lived only for their own happiness, ignoring

their societal role of head of household, engaging in risky sex both within and outside the marriage. The women's lives of faithfulness were rewarded with HIV infection. After learning of the HIV diagnosis, the women and their families underwent many changes including in their social relationships and economic consequences. In spite of enormous losses, the women had hope for their lives.

Conclusion. The women's lived experiences in becoming HIV positive from their spouse adds to our understanding of the gender, social, and cultural mechanisms by which HIV is transmitted within marriage. Study results provide suggestions for future needed research and programs that are culturally acceptable and potentially effective in curving intra-marriage HIV transmission.

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DEDICATION

This is dedicated to the Cambodian women who were infected with HIV from their spouses and shared their experiences, and all of those who are going through so much that it seems unbearable sometimes.

CHAPTER I : INTRODUCTION

Cambodia has experienced the worst HIV/AIDS epidemic in Southeast Asia since the first HIV case was detected through blood screening in 1991 (Mills, Singh, Orbinski, & Burrows, 2005), driven to a considerable degree by heterosexual transmission between men and commercial sex workers (World Health Organization, [WHO], 2001). Thanks to the "100% Condom Strategy" of the Ministry of Health, the HIV prevalence among brothel-based female sex workers gradually decreased from 42.6 % in 1998, 33.2% in 1999, and to 12.7% in 2006 (The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2008). This reduction is the likely cause of a decline in the prevalence of HIV/AIDS of adults aged 15-49 and a decline in prevalence in the general population from 3.9% in 1997, to 1.2% in 2003, and finally to 0.8% in 2008 (Saphonn et al., 2002; Saphonn et al., 2005; UNAIDS, 2009). Cambodia's success sets a solid example of halting the spread of HIV even in a country which has high rates of poverty and inequality and a medical infrastructure devastated by decades of war (Charles, 2006).

Statement of Problem

In spite of the national health priorities and impressive decline of HIV transmission, spousal transmission of HIV among married women has emerged as one of main threats of new HIV transmission in Cambodia. According to the Ministry of Women's Affairs (MoWA, 2008), only 1% of men use condoms with their wives. Of all Asian countries, Cambodia had the highest percent of HIV prevalence among women aged 15 years and older in 2009 at 53.8% (35,000/56,000). The partner transmission of new infections has dramatically increased from 13% in 1992, 30% in 2007, and over 50% in 2008 (UNAIDS, 2008). In other words, there were 2.5 new infections in males for every one new female infection in 1994, but it changed to four new infections in females per one male in 2002 (Khiew, 2009). According to the Annual Report of NCHADS, more females (4,598, 53.2%) were newly diagnosed with HIV than males (4,041, 46.8%) at voluntary counseling and testing (VCT) sites in 2010.

HIV infection incidence is steadily rising in lower-risk heterosexual women through inconsistent condom use with male most at risk populations (MARPS) including clients of female sex workers, men

who have sex with men (MSM), and injecting drug users (IDU) (UNAIDS, 2009). According to UNAIDS' (2009) report on "HIV transmission in intimate partner relationships in Asia", between 25% to 60% of male IDUs have wives or a regular female partner but over half of them did not use condoms. Many MSM in Cambodia are married and have a regular female partner in addition to sex with men (Lowe, 2007; Girault et al, 2004). The 2005 STI Sentinel Surveillance (SSS) reported that 39 % of the MSM had at least one female partner in the past year, with most of these having multiple female partners (NCHADS, 2007). Silverman et al. (2008) reported that 90% of women acquired HIV from their husbands or boyfriends while in long-term relationships because most married women only have their husbands as their sex partners (UNAIDS, 2008). As a result, women who are either married or the regular partners of men who engage in higher-risk sexual behaviors are at high risk of HIV transmission (UNAIDS, 2009).

The Cambodian government recognized spousal HIV transmission as a policy priority. The Ministry of Women's Affairs [MoWA] has implemented the "National Action Plan on Prevention Strategies for Spousal and Partner Transmission of HIV/AIDS 2007-2010". Its strategies include building the capacity of the MoWA staff, NGOs, other stakeholders, and developing the plan to disseminate and implement the policy on women living with HIV/AIDS. 'Strategic Plan on Women, the Girl Child and HIV/AIDS in Cambodia 2008-2012' was also launched to protect the rights of women in reducing their risks for HIV and increasing access to appropriate care and support (MoWA & Deutsche Gesellschaft fur Techiniche Zusammerarbeit [GTZ], 2005). However, despite these policy initiatives, there is little information on what programs can be implemented in the field to actualize these policies and impact the lives of women in Cambodia.

Therefore, there is an urgent need to study the factors and underlying mechanisms of spousal HIV transmission and identify effective ways of preventing HIV infection for female partners of men with high-risk behaviors. To date, there has been neither a study of these mechanisms nor a study of preventive practices between Cambodian women and their HIV-infected spouses.

Purpose of Study

The purpose of this study was to better understand the culturally and socially embedded meanings and lived experience of Cambodian women whose HIV infected spouses transmitted HIV to their wife.

The findings of this study will contribute to the development of an evidence-based model of explanatory factors that affect spousal-wife HIV transmission within the context of Cambodian culture and tradition. Findings will also contribute to the development of culturally appropriate programs and services to help women infected by their spouses and to prevent spousal transmission of HIV in women comparable to those in the study sample.

Background and Significance

This chapter presents factors affection rapid transmission of HIV in Cambodia throughout last over two decades and national responses to the epidemic in relation to the significance of the proposed study.

First, the transmission of HIV occurred rapidly among sex workers and their male clients. After the civil war in Cambodia, liberalization, which brought a huge economic boom and the presence of a large number of United Nations (U.N.), peace keeping forces (1991-1993), has undoubtedly contributed to the sex industry, resulting in the spread of HIV/AIDS (Cambodia's Country Report, 1995). According to the National Center for HIV/AIDS, Dermatology and STD [NCHADS] report, HIV prevalence among sex workers is over 50% in some provinces (WHO/NCHADS, 2001). This goes hand-in-hand with a high prevalence of HIV among 'bridging' groups such as policemen, fishermen, and clients of sex workers. Many young women turn to work in brothels or entertainment facilities because their low level of education and lack of professional skills limit employment opportunities (World Health Organization [WHO], 2001). The risks for young women becoming involved in sex work increase if they have lost their virginity to boyfriends and sexual violence or are sold to a brothel by their parents or relatives (Kemp, 2007; WHO, 2001). Female sex workers get also involved in sex work by human trafficking and the child sex market, which is the most alarming aspect of the Cambodian sex trade (Kemp, 2007; Mills, et al., 2005). Reports have revealed that children as young as four years old are involved in the sex market (NCHADS, 2002). Child sex work is estimated to represent 30% of all sex workers in Phnom Penh (Mills,

et al., 2005). Gang rape of sex workers is an increasingly serious problem in Cambodia. Gang rapes and other violence-involved sex usually are not accompanied with condom use, thus providing a strong contribution to very high rates of HIV transmission (Cambodia League for the Promotion and Defense of Human Rights [LICADHO], 2007).

In recent years, Cambodian men have increasingly preferred non-brothel based sex workers over direct sex workers. The National Center for HIV/IIDS, Dermatology and STD (NCHADS) reported that the number of indirect sex workers, called entertainment workers (EW), increased three-fold over the period 1997-2009 and doubled in 2007-2009 over the short time of period. The non-brothel sex workers include women employed in massage parlors, karaoke, hotels and beer gardens. There is evidence that these women are less likely to use a condom, remaining at only 54% since 2003 (UNAIDS, 2008). The government has prioritized the issue by acknowledging the needs of better characterized and tailored messages in condom use promotion for indirect sex workers (MoWA, 2007).

Second, the high-risk behaviors of injecting drug users (IDUs) and men who have sex with men (MSM) have continued to threaten in Cambodia (UNAIDS, 2008). IDUs have the highest prevalence. Among heroin users in Phnom Penh in 2003, the HIV positive was found to be 45% (Mills, et al., 2005) and was estimated at 24.4 % in 2007 by UNADIS (2008). Particularly, heroin use has increased among MSMs and female sex workers (Mills, et al., 2005). The prevalence among MSM varies from 0.8% in two provincial towns (Battambang and Siem Reap) to 8.7% in Phnom Penh (UNAIDS, 2008). The condom use rate among MSM is reported below 60% (UNAIDS, 2008).

Third, one-third of all new HIV infections occur through mother to child transmission in the country. It has been estimated that 25% to 40% of exposed children will become infected with HIV each year, without appropriate intervention (Kanal, 2006). Hence, prenatal transmission is a focus in HIV/AIDS national prevention strategy (MoWA, 2008). The National Maternal and Child Health Center (NMCHC) has been prioritizing the integration of the prevention of mother to child transmission (PMTCT) into the existing Mother Child Health (MCH) services and provision of antiretroviral (ARV) prophylaxis to HIV-infected mothers and their babies. Recently, the WHO has initiated the “PMTCT

Strategic Vision 2010-2015" to reach Millennium Development Goals (MDGs). According to a new WHO report, Cambodia has demonstrated that links between HIV services with reproductive, maternal, newborn and child health services are possible and suitable in resource-constrained settings (WHO, 2010).

In summary, as UNAIDS addressed (2008), hetero-sexual transmission has been a primary route over other factors in spreading HIV infection in Cambodia.

There has been a considerable amount of research about HIV transmission and prevention since its advent in the early of 1980s. Studies conducted in Cambodia have focused mostly on the network between female sex workers and their male clients in the beginning of the epidemic. Although new infections have occurred among women in stable marital relationships, very little research has been conducted with regard to understanding the experience from an insider's point of view. The paucity of literature addressing the lived experience has created a gap in the general knowledge base concerning the substantial male-to-female HIV transmission in stable marital relationships. In order to better understand husband to wife HIV transmission within the context of Cambodian culture and tradition, research is urgently needed to fill the gap in knowledge about this important health issue.

CHAPTER II: REVIEW OF LITERATURE

This chapter includes a summary of what is known about Cambodian society and the social status of Cambodian women in published studies, folklore, and legal and religious beliefs. This includes the women's rights in the marital relationship.

Cambodian Society

Male-dominated Family System

Cambodia is a hierarchically ordered society, with notions of power and status conditioning social relations. Women are considered to be of lower status relative to men and their status is determined by marriage and children (Gorman, Pon, & Sok, 1999). Although Cambodian Constitution Article 45 guarantees that "Men and women are equal in all fields especially with respect to marriage and family matters", wives are not given equal rights like husbands and are expected to remain subordinate to their husband in every respect (Kasumi, 2006). In a national survey conducted with 16,823 women and 6,731men aged 15-49 years in 2005, more than half respondents agreed that the important decisions in the family should be made by the man of the family. Moreover, the study reports that married women do not have freedom in their social activities including meeting female friends (Eng, Li, Mulsow, & Fischer, 2010). In marriage, husbands are viewed as masters of their wives (Phan & Patterson, 1994).

Equal in the Law, but Unequal in Practice for Women

The Cambodian Constitution and other laws grant equal rights to men and women. For example, Cambodian Constitution clearly states that women should participate fully in the political, economic, cultural, social and family life as equals of men. It also guarantees equal pay for equal work and promises three month-compulsory maternity leave. The new Constitution promulgated in 1993 also states that "house work is equal to outdoor work". Additionally, in 1991, the Supreme National Council of Cambodia signed the Convention on the elimination of all forms of discrimination against women (Cambodia's Country Report, 1995). Despite these laws, in practice, Cambodian women's fundamental rights are often denied (Kasumi, 2006). For example, Cambodian traditions prohibit women to hold

important positions such as in-political office (Women's International Network News, 1994). Furthermore, there is segregation of women and men in occupational and industrial groups within the labor market and women are paid less than men even when they are doing the same work (Ministry of Women's Affair, [MoWA], 2008). An analysis conducted by MoWA (2004) suggests that there is a 33% gap in salary between Cambodian men and women. Kasumi (2006) in her review on Cambodian women's status suggests that Cambodian society places significantly less value on women's work. Women are also seen as inferior to men and not as capable (Lilja, 2009). People believe that men should be at the leadership because they have greater intellectual capacities and physical strength (Norsworthy, 2003).

In addition to the unequal practice for women, they are not protected by the legal system from being rape and violent. Although the "Law on the Prevention of Domestic Violence and the Protection of the Victims" (DV-LAW) was passed in 2005 to protect victims (MoWA, 2009), rape perpetrator still remains unpunished because of the complex process from reporting and the culture of impunity especially when the perpetrator is a family member (Kasumi, 2006).

Women's rights over land are legally protected. Regardless of original land ownership, since the privatization of land enforced in 1989, married couples were considered to have joint ownership of any property according to the law (Cambodia's Country Report, 1995). Moreover, daughters and sons have the right to an equal share of their family's inheritance. Interestingly, some parents give more land to daughters than sons because traditionally they have responsibility to take care of aging parents (Kusakabe, Yunxian, & Kelkar, 1995).

Women's Status, Power, and Value in Cambodia

Power of Women shown in History

Historically in Cambodia, the status of women was relatively high compared to men (Kasumi, 2006). In ancient times, Cambodian women held high positions in the central government and greatly contributed to the nation (Thea, 2004). The first country of Cambodia, Funan, was headed by a female queen named Neang Neak. When Funan merged with another area, Chenla in the 6th century, the region was governed by Queen Chey Devi (Kasumi, 2006).

Women's prominent leadership in Cambodian tradition can be seen in Khmer language as well. For example, the Khmer word *me*, which means 'mother' depicts leadership such as '*me toap'*, a commander, *'me krong'*, a leader of a group. However, with the decline of the Angkorean Empire in the 15th Century, much of ancient Cambodian culture was destructed, including the power which women had held (Kasumi, 2006). A proverb, "If you do not listen to the advice of a woman, you'll not have any rice seed next year." implies the importance of listening to women and their wisdom (Fisher-Nguyen, 1994, p. 100).

Inferior Social Status of Woman

Although there was time of women's status relatively high compared to males in a period of time in ancient history, Cambodian women are disproportionately disadvantaged compared to males in educational and economic opportunities. It is still common that Cambodian parents do not want their daughters to go far away from home to attend school in rural area because if she is raped, it will dishonor the family (Cambodia's Country Report, 1995; Hill & Ly, 2004). Parents believe that their daughter's future role is to be a wife and mother at home, doing house chores, although this belief is more common in rural areas, not urban areas. Parents perceive that boys need more education and training because they are the breadwinners working outside the home (Gorman, et al., 1999). The MoWA reported that 63 girls were enrolled for every 100 boys in the secondary school and only 50 girls per 100 boys in the high school (MoWA, 2008). The Gender Development Index (GDI) shows gender disparities in Cambodia, ranking it 99th out of 140 countries; the ranking is based on a composite measurement of life expectancy, enrollment in school, income, and literacy disparities between males and females ("Status of Women," 2009).

Conceptions of gender in Cambodia have been strongly influenced by Theravada Buddhism which is practiced by more than 90% of the total population (Keyes, 2010). Theravada Buddhism links the social status of women to merit and karma. Namely, a person's status in the society is a consequence of their sinful activities or 'attachments' over several previous lifetimes (Ledgerwood, 1996). People believed that being born a woman is due to karma from a past life (Norsworthy, 2003). In a study on

violence against women involving 3 countries, Cambodia, Thailand, and Burma, in which Theravada Buddhism is a strong determining force in society, female participants in 14 focus groups reported on the devalued status of being a woman, saying:

> *"Men are like the rice grain; you throw it and it will grow. Women are like the husk; it won't grow so you toss it away", "When you have a daughter, it is like having a toilet", "Women are dirty because of menstruation" (Norsworthy, 2003, p. 150-151)*

The effect of karma on gender power in Cambodian culture is also depicted in traditional views of family bonding. Theravada Buddhists define the female identity as responsible for nurturing children, preparing food and clothes for her family, and maintaining family relationships (Keyes, 2010). When a family bond fails, it is often considered the woman's fault (Norsworthy, 2003).

Last, in contemporary Cambodian society, many marriages are still arranged by parents in favor of potential stability for the child. Women in the focus group study by an NGO described marriage as a product of contractual arrangements rather than love (Phan, & Patterson, 1994). One Cambodian proverb states, "*The cake is not bigger than the container*", meaning that a daughter cannot have bigger decision power over her parents and therefore should obey her parents' arrangement (Kasumi, 2006, p. 53). Importantly, in the history of Cambodia, during the Khmer Rouge communist administration from 1976 to 1979, 200,000 single women at reproductive age were forced to marry against their will (Kasumi, 2006). If they did not follow what they were told, they were at risk for imprisonment, torture, and even death (Cambodia's County Report, 1995). Additionally, a woman has no freedom to divorce her husband because society stigmatizes a divorced woman; she is therefore required by the law to endure her husband' mistreatment and unfaithfulness (Ledgerwood, 1996).

Adhering to the Image of Ideal Khmer Woman

The image of the ideal woman in Cambodian tradition is depicted well in the '*Chbap Srey'*, a traditional text. The '*Chbap Srey'* translates to 'Code of Women' and teaches proper comportment and that women must follow.

Perfect and virtuous. First, Judy Ledgerwood (1996), an anthropologist and specialist in Cambodian womanhood describes the image of the ideal Cambodian woman as being:

> a shy, quiet, and obedient servant to her husband and as well as being strong and capable of handling all of the family finance….The woman should walk so softly that one cannot hear the sound of her silk skirt rustling and must be soft and sweet in her words, also has to make peaceful and enjoyable atmosphere. (p. 3)

These comportments are taught by mothers to daughters and grandmothers to granddaughters to teach females how to be good wives, mothers, and managers of their households (Cambodia's Country Report, 1995). Girls learn the 'Code of Women' at the public primary school, where they must memorize sentences and sing them as songs. It is believed that by observing those codes, a woman can fulfill the responsibility of maintaining a family's reputation (Kasumi, 2006).

The ideal image of a 'virtuous woman', *srey krup keakkh,* is also portrayed in Khmer literature. Ledgerwood (1994) analyzes how the story "Mea Yeoung" illuminates Khmer conceptions of gender and system of social order. In the story, a fisherman's wife, one of the main characters, is described as a "perfect wife". She is intelligent, wise, and diligent in managing house finances as well as royal and trustworthy assistant to her husband. Thanks to her wise advice and assistance, her husband is granted the highest honored title of "Mea Yeoung" by the King. This story communicates that a woman should be clever and fully supportive of her husband in order to bring wealth and happiness to the family. The wife of the fisherman represents *srey krup keakkh* and remains an important example taught to women in Cambodia today, where it has been integrated into the formal high school curriculum.

Responsibilities of women in the family are well stated in proverbs as well. "Wealth is there because the woman knows how to save and be frugal; a house is comfortable and happy because the wife has a good character" is one example. This proverb suggests that the woman sets the limits of her household and husband's destiny (Fisher-Nguyen, 1994, p.100).

In summary, Cambodian women are expected to be supportive and obedient to their husbands, and responsible for the families' wealth and happiness.

Being sexually naive at the time of marriage. Cambodian tradition does not allow a woman to have sexual relationships before marriage indicating that a good Cambodian woman should be a virgin at the time of marriage. There is a very well-known proverb in Cambodia that illuminates the importance of virginity: "Men are like gold. If it is dropped in the mud, it can be washed completed clean and is still gold. But women are like white cotton cloth: once it is soiled in the mud, it can be washed but never made clean again." (Kasumi, 2006, p. 13). If a woman loses her virginity before marriage, it is regarded as causing shame and dishonor to the whole family (Kasumi, 2006). Girls who are not virgins before marriage are considered to be "fallen women", a state that is regarded with significant stigma (MoWA, 2008). Ironically, some parents encourage their sons to sleep with the bride before the wedding to check if she is a virgin. If her premarital sex is doubted, it is considered as beyond redemption (Boua, 1992).

Obedience and being naive in sexual relationship. In Cambodia, women are not given an equal level of rights as men in their sexual relations (Cambodia's Country Report, 1995). Cambodian culture emphasizes that a woman's sexual faithfulness to her husband is central to being a proper Khmer woman (Ledgerwood, 1996). This traditional view translates into the belief that the man is entitled to be the overall decision-maker in sexual matters and the wife should obey him (Gorman, et al., 1999). This is depicted in the Code of Women, which clearly states that a wife is a servant of her husband as well as his physical property (Kasumi, 2006; (Varma, Chandra, Callahan, Reich, & Cottler, 2010).

Cambodian tradition also expects women to be ignorant and shy about their bodies (Gorman, et al., 1999). Women should be virgins both physically and in terms of their sexual knowledge. A woman is not expected to be knowledgeable about sex or enjoy it (Greenwood, & Francis, 2001). Women who have sexual desires are viewed as bad and inappropriate throughout Cambodian society. In an educational survey of CARE International, the majority of 150 women interviewed agreed that women are not expected to like sex. The respondents of the study answered that women who have extra-marital affairs would encounter criticism and bring shame on the whole family (Phan, & Patterson, 1994).

To understand the marital relationship, it is important to first understand how marriage occurs in Cambodian culture. In contemporary Cambodian society, many marriages are still arranged by the parents

in favor of potential stability for the child. In the study of a non-government organization (NGO), women in a focus group described marriage as a product of contractual arrangements rather than love (Phan, & Patterson, 1994). This research finding is consistent with an old proverb that states, "The cake is not bigger than the container", meaning that a daughter cannot have bigger decision power over her parents and therefore she should obey her parents' arrangement (Kasumi, 2006, p. 53). Importantly, in the history of Cambodia, during the Khmer Rouge communist administration from 1976 to 1979, 200,000 single women at reproductive age were forced to get married against their will (Kasumi, 2006). If they did not follow what they were told, they were in risk of imprisonment, torture, and even death. As a result, a legacy of unsatisfactory partnerships of young men and women who had been forced to get married during the time was created (Cambodia's Country Report, 1995). At the same time, the forced marriage has resulted in the loss of love, affection and trust in many marriages. However, women are still expected to be a "virtuous" wife, one who makes her husband happy in the household and also during sexual relations (Phan, & Patterson, 1994).

Potential Factors Affecting HIV Transmission between Cambodian Women and their Spouses

Based on an analysis of studies from general population in Cambodia and other countries, there are three plausible causes of women's contracting HIV from their spouses: males' promiscuous sexual behavior, the absence or failed negotiations about condom use with her husband, and women's power inequality.

Males' Involvement with Commercial Sex Worker

Males often contract HIV often because of their promiscuous sexual behavior. Extra-marital sex among Cambodian men is commonly practiced and accepted. In an interview study and focused group discussion with 135 military and police officers,, most respondents (83%) reported that they went a brothel for sex when they were not working (FHI, 2002). A few respondents of the remaining 17% participants reported other activities like going for a walk, having a massage, playing cards, and dancing, however most of these activities also ended with having sex. Only 8 % of participants reported that they

did not either drinking or having sex in their free time. A married police officer in the study justified extra-marital sex by saying that:

> The adultery of the wife is very wrong and we cannot accept it. For the whole life of a man, if the wife commits adultery one time then the man is angry and we must divorce. However, if the man has sex secretly and his wife knows, we just have a little bit of an argument and the husband says sorry and it is finished. (p. 14).

Some understandings of the reasons that affect Cambodian males' sexual practice outside of marriage are discussed as follows:

Accepted male promiscuity and polygamy. The Khmer Rouge has abolished polygamy in 1975 and established the Law on Monogamy (Constitution Art1). However, according to Cambodian tradition, a husband's promiscuous life is expected to be condoned by the wife and society (Family Health International [FHI], 2002; Hong & Chhea, 2009; Phan, & Patterson, 1994). These attitudes and norms are shown in married policemen's response about promiscuity in a study by FHI (FHI, 2002). They said that, "For me personally, I would not mind if I could have 30 wives", "In the past, only a few men would have more than one wife. Now many men do. It is because women now outnumber men" (p. 13). A popular local proverb "Ten rivers are not enough for one ocean" suggests that Cambodian society accepts men's sexual escapades as a right and natural need (Phan, & Patterson, 1994).

Excessive alcohol consumption. Heavy drinking has been consistently linked to increased visit to the sex workers. Cambodia commercial sex is combined with eating, drinking, dancing, karaoke, massage, and snooker. 75% of men respondents in a study by the FHI reported that they went to have sex after drinking. In Cambodia, alcohol is plentiful, cheap, and there are no religious, cultural or legal restrictions on drinking. Drinking until drunk is common during weddings and festivals. Cheap commercial sex starting around 5,000 Riel ($ 1.25 USD) puts most Cambodian men within the reach (FHI, 2002).

Peer pressure and being masculine. Men visit sex workers as a part of male bonding among peers and because visits to sex workers are ascribed to masculinity in Cambodia (Sok, et al., 2008). Peer

pressure is widely recognized as a social force to drinking in a group and being forced to enter brothels. Frequent sexual intercourse, like three times per day or even more, is considered masculine, and visiting sex workers and multiple partners also symbolizes being a strong man (FHI, 2002).

Sexual adventure. Men engage in extra-marital sex for sexual adventure. Most men in the FHI survey (2002) believed that the traditional position, man on top, was the only normal and acceptable sexual position with wives. Cambodian wives are generally not considered to "have good sexual techniques," thus necessitating men's visits to commercial sex workers who are known to possess such skills (Phan, & Patterson, 1994). Many respondents in the FHI study offered statements like the following:

> *"I cannot use any severe (sic) sexual techniques. But sometimes with prostitutes, I like to use the techniques I saw on trant 6 film like doggy style or the woman above" "..Having sex with my wife every time I feel is not very comfortable, but if we try outside girl, they have their good techniques." "Using different positions is very dangerous... it can destroy the health and damage the womb...With the prostitute girls, I always use different position, with the other girls but not with myself." "..If we have money like 7,000 or 10,000 Riel [1.75- 2.25 USD], we can order what we want.." (p. 15)*

Constrained access to wife for sex. Extra-marital sexual partners are "widely considered an option" when a wife is unable to have sex such as during menstruation or pregnancy or just prior to and immediately after childbirth (FHI, 2002, p. 17), because for adult Cambodian men, masturbation is not acceptable and is considered inappropriate and unmanly (FHI, 2002). Some wives appear to prefer that their husband go to a sex worker than to acquire a mistress or second wife and sometimes they actually pay for their husbands' visits to sex workers (Cambodia's Country Report, 1995).

Men who have jobs that require mobility, like fishermen, *motor-taxi* drivers, police, and military, tend to visit sex workers and have a higher rate of contracting HIV than men with jobs that do not require travel away from home (Sopheab, Fylkesnes, Chhi Vun, & O.`Farrell, 2006). Sopheab and colleagues found that travel away from home for more than one month in the past year was a significant predictor of a visit to a sex worker among 3,848 Cambodian men (Sopheab, et al., 2006). In a study by Samnang et al.

(2004) among 446 fishermen in a port city, Sihanouk Ville, the HIV prevalence was 16.1%. Men who stayed in port over one night had a significantly higher prevalence of HIV (31.7%) than those who stayed in port less than a night (14.6%). In a retrospective cross-sectional survey of 299 HIV-infected inpatients and outpatients in a hospital, over one quarter (26%) of the men were soldiers and 89% of the men reported they had visited sex workers (Sok, et al., 2006). In the study by FHI (2002), one participant reported that *"I am a motorcycle taxi driver. When I have money, I go out, get heavily drunk and have sex, because my wife lives far from me in the province."* (p. 19)

Working away from family. Men having jobs that require mobility, like fishermen, motor-taxi drivers, policy, military and deminers, tend to visit sex workers and more contract HIV (Sopheab, Fylkesnes, Chhi Vun, & O.`Farrell, 2006). The Sopheab, et al.'s survey (2006) among 3,848 Cambodian men sampled by using stratified random cluster in four provinces found that travel away from home for more than one month in the past year was a strong factor for a visit to a sex worker. In the cross-sectional study by Samnang et al. (2004) among 446 fishermen in a port city, Sihanouk ville, HIV prevalence was 16.1%. Men who stayed in port over one day had a significantly higher prevalence of HIV (31.7%) than those stayed in port less than a day (14.6%). In a retrospective cross-sectional survey of 299 HIV-infected inpatients and outpatients in a hospital, over one quarter (26%) of the men were soldiers and 89% of the men reported they had visited sex workers (Sok, et al., 2006). In the study of individual interviews and focused group discussion with 135 military and police officers by FHI in 2002, one participant reported that "I am also a motorcycle taxi driver. When I have money, I go out, get heavily drunk and have sex, because my wife lives far from me in the province" (p. 19).

Better socioeconomic status. Men's commercial sex worker involvement resulting in HIV diagnosis appears to be related to their residence, wealth and education. According to the 2005 Cambodia Demographic and Health Survey (CDHS), which included HIV testing of over 8,000 women and 6,500 men, male residents of urban areas tested positive for HIV about three times more than men in rural areas. Men in the wealthiest households are five times as likely as those in the poorest households to be HIV

positive. In addition, men who completed a higher level of education are more likely to be HIV positive than the uneducated men.

Males' HIV transmission through contact with commercial sex workers

Infrequent or no condom use is associated with a high incidence of HIV transmission between non-brothel based HIV positive commercial sex workers (e.g., women working in massage parlors, beer-gardens and karaoke) to HIV uninfected men (UNAIDS, 2008). Moreover, once a regular client is identified as a "sweetheart" rather than a "guest" by a sex worker, she becomes more intimate and does not push her client to use a condom (Nishigaya, 2002, p. 28). In a survey among 191 HIV-infected male patients in an HIV/AIDS hospital in Phnom Penh, married men used condoms significantly less than single men with sex workers (Sok, et al., 2008).

Research exposes some reasons for not using condoms with commercial sex workers. First, excessive alcohol consumption is a reason for not using a condom. In the uniformed services by the FHI (2002), only 20% of respondents reported that they always remember a condom when they were drunk. Many respondents in the survey forgot to use a condom, saying, *"When we drink and get drunk we do not think carefully. We did not need to use condoms. Instead, we use our natural little brother that came at birth [penis]"* (p. 25). In a 1994 study by a NGO (Phan & Patterson, 1994, p. 24), men reported not liking condoms, saying, "*We don't like condom because it does not give us the highest experience. It is like eating hard rice or hard bread."* Second, men do not use condoms because they believe that a condom is for birth control only between a husband and wife, not for with women outside (Phan & Patterson, 1994). Third, some people do not believe that a person who looks clean and healthy could have a disease (Ledgerwood, 1996; FHI, 2002). For example, when a woman is considered ugly, quiet, modest, young, and a newcomer to the brothel, she is not thought to have sexual diseases (FHI, 2002). Forth and Ledgerwood (1996) also identified Buddhist belief as a reason of the low perception of HIV risk among Cambodian men. After all of the traumas of the long war years, survivors hold the belief that their karmic destiny in Buddhist terms is good. Hence they are unlikely to acquire a disease like HIV.

HIV Transmission to Wives of Infected Spouses

Cambodian women's decision-making on sexual practice, and reasons of the absence or failed negotiations about condom use with her husband are discussed below. Some of study findings on condom use with spouses in Thai and Vietnamese women are discussed as well.

Trust matters. In a marital sexual relationship, emotional bonding and trust are involved. In Cambodia, when a wife pushes her husband to use a condom, the husband considers it as mistrust of her partner (Marston, & King, 2006). Cambodian men feel that wives discussing condom use mean their wives are 'looking down' on them (Phan, & Patterson, 1994). In Webber, et al.'s study (2010), Cambodian women know the importance of condom use but at the same time they emphasize on trust as a woman is saying that "A husband and wife have to trust each other, if I cannot believe my husband, who can I believe?" (Webber, et al., 2010). However, the authors argue that this trust in their husbands is not necessarily embedded in their partners' faithfulness, but rather from a virtue of married women in Cambodian culture. Interestingly, in other neighboring countries, this phenomenon is observed as true but as not mistrust of the wife but of the husband. For instance, in Vietnam, condom use was less among married couples since the condom was considered to show "an unfaithful man" (Nguyen, et al., 2008). In Thailand, within marriage, mistrust of one's partner was reported as the greatest obstacle to condom use. Most women asserted that if their husbands proposed to use condoms at home with them, they would feel sad, angry, betrayed and dishonored (Tharawan, et al., 2003).

"Because I am shy". The Cambodian cultural value of virtuous women limits women's conversation about condom use and sexuality (Nishigaya, 2002; Webber, et al., 2010). For example, Cambodian women in Webber's (2010) study shared that "I cannot ask my husband to wear a condom because I feel too shy", "My husband and I never talk about family planning or sex" (p. 691). Similarly, Vietnam and Thai women feel shy when they talk about sex and condom use with their husbands. In Vietnam, women also often felt "ashamed" when they talked about sex and sexuality with their partners because it made them seem "amorous"(Nguyen, et al., 2008). Most Thai women also reported never discussing sexual matters, including condom use, with their husbands because of shyness and their

submissive role as a wife. Most noted that Thai tradition, culture, customs, and religion prevent women form talking openly about sex or condom use (Tharawan, et al., 2003).

Low knowledge and perception of HIV/AIDS. Women's low educational levels also discourage Cambodian women from becoming knowledgeable about sexuality and HIV/AIDS, and the ways of negotiating safe sex. The 2005 CDHS supported that among women HIV prevalence increased as education decreased {, 2008 #743}. The limited opportunity to get information about HIV/AIDS for married Cambodian women may be resulted from their high illiteracy (Menon, 2003). Adult literacy rate in Cambodia varies by gender and residence; less than two thirds (60.1%) of women aged 15 and over were literate, compared to 80.2% of men in 2004, in particular, only 55.6% of women in rural are literacy (National Institute of Statistics, 2004). Specifically, condom use is low among women in rural. A national survey showing that condom use at last sex among 15-49 aged women stood at only 2.3% in rural and 6.0% in urban area in 2005 (Hong, 2009). Some women even do not perceive their husbands are in risk of HIV infection from commercial sex workers (Varma, Chandra, Callahan, Reich, & Cottler, 2010).

Limited female-initiated devices. Women have few options of female-initiated devices (e.g., female condom, vaginal microbicide) under their control to protect themselves against HIV transmission from their husbands (Rugpao, 2008; Weller & Davis, 2001). For example , in 1993, the Center for Disease Center (CDC) promoted the female condom (vaginal pouch) and recommended it for HIV/STD prevention (Green, 2001). However, women's acceptability of female condom is very low and female condom is expensive costing $2.5-5 per one pouch, being five times more expensive compared to the male condom (Hoffman, Mantell, Exner, & Stein, 2004; Holmes, et al., 2008). In Cambodia, the female condom was introduced to Vietnamese sex workers as a part of a community mobilization approach to empowering protection tool for reducing HIV transmission (Busza & Baker, 2004). In the study using both quantitative and qualitative methods after 25 types of workshop attended by over 300 women, only 16% of them reported that they tried to use it with their clients and learned that female condoms can empower them in their negotiation with sexual partners, particularly with drunken men. However, they also reported some constraints such as not being feasible, appealing, and difficult to use. In case of

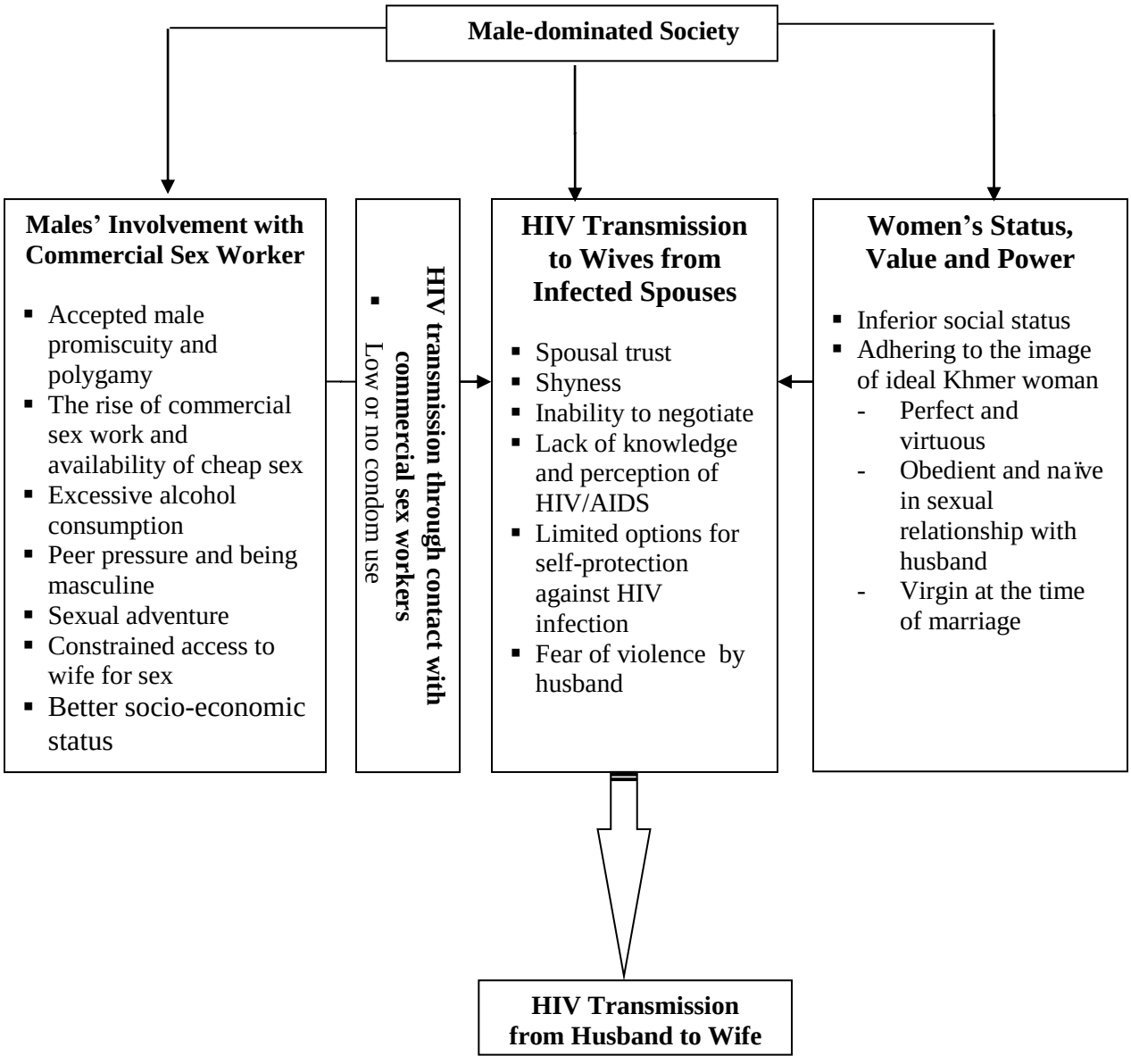
vaginal microbicides, its the effectiveness and safety have been not consistent throughout the trials worldwide (McCormack, et al.; Abdool Karim, et al.). Among Cambodian women, the acceptability and effectiveness of topical microbicides to protect from HIV infection have never been assessed (James, 2004; Page-Shafer, et al., 2005). Given these few choice of female-initiated devices, a wife makes spouse drink at home to prevent visiting the brothel after drinking with friend and also attempt to keep husband sexually satisfied to prevent them from going out due to sexual satisfaction (Varma, et al., 2010).

Fear of violence from husband. There is growing evidence that abuse husband can increase the risk of HIV among women in marriage (Decker, et al., 2009; Jewkes, Dunkle, Nduna, & Shai, 2010; Silverman et al. 2008). In connection to this evidence, Cambodia women may be placed in potential risk of HIV transmission from spouses when examining the result of a national survey. The survey among 3,040 women and men by the MOWA revealed that domestic violence in Cambodia is still widely accepted, justified, and tolerated by women and men; it is also reinforced by a culture of impunity (MOWA, 2009). According to the survey, over 50% of all respondents felt that a wife behaving in an argumentative or disobedient manner warranted a violent response by her husband, even a life-threatening response. Wives' questioning husbands about spending money or visiting girlfriends or sex workers elicited the highest percentage of responses that claimed extreme violence was justified. More seriously, local authorities and police accept extreme violence as justifiable when a wife argues with or does not obey her husband (MOWA, 2009). However, domestic violence in Cambodia is treated as a private family matter with being carried out in silence (MOWA, 2009). Women are taught by their mother that: *"Keep patience and never protest against your husband's excessive anger" "Don't tell parents anything about your husband", "Don't try to be equal to your husband because you are a servant to him" (Kasumi, 2006, p. 26).* Many women also regard being abused as their unfortunate fate that is shameful (Cambodia's County Report, 1995).

The State of Science

Figure 1 is a summary of the potential factors that explain spouse –wife HIV transmission. Note that only males as clients of female commercial sex workers are included in the model; the model does not include MSM and male IDUs.

Figure 1. Summary of the Potential Mechanism of Spouse –Wife HIV transmission in Cambodia



It is well understood through the Cambodian Constitution, traditions, proverbs, and popular literature that the Cambodian society is male-dominant. Popular literature and empirical studies inform

the relevant factors in males' promiscuous sexual behaviors. As listed in the Figure 1, the main reasons of males' sex outside the home are cheap alcohol and sex, peer pressure, unavailability of the wife and being far from home. Women's status, value and power are sufficiently depicted in religious beliefs, and the folk, proverb, and popular literature. Cambodian women are viewed with relatively low value compared to men but expected to be virtuous, wise and naïve in sexual matters. There is little known about why Cambodian women fail to use condoms with their husbands. Through several popular literature and studies, spousal trust, shyness, low knowledge and perception on HIV risk were analyzed as factors of not using condom.

However, many issues are still unknown regarding the mechanisms driving HIV transmission from men to their wives to inform programs and services in Cambodian culture and society. For example, to date, no one has investigated practices that wives have used to protect themselves from the HIV-infected husband besides male condoms. No studies have been published about perceptions of a woman who has experienced HIV transmission regarding cultural and societal expectations of women's behaviors and sexual relationships. There is also little known about the link between a woman's status, power, and value in the marriage and family and their limited power to negotiate condom use.

CHAPTER III: METHODOLOGY

The theoretical framework for the proposed study is hermeneutic (interpretive) phenomenology, led by the philosophical position of Heidegger. This chapter contains an overview of phenomenology as both a philosophy and a research methodology. Research methods and procedure are presented that were used in the study are also presented.

Philosophical Perspectives

Phenomenology

Phenomenology is one of the most prominent philosophical movements of the twentieth century (Richards & Morse, 2007). Phenomenology was developed as an alternative to the Cartesian philosophy in order to better understand the meaning and the significance of the phenomena being studied by relying on the lived experience of humans (McConnell-Henry, Chapman, & Francis, 2009a). Unlike the goal of empirical-analytic and Cartesian approaches that sought to discover universal theories to control and predict the ordered world, the goal of phenomenology is to describe and understand the world by "getting down to what matters," " to what the things themselves are" and "appear" as experienced by individuals (Dowling, 2004)

Of seven unique phenomenological perspectives (Wojnar, 2005), *descriptive and hermeneutic (interpretive) phenomenology* are the two approaches that primarily have been used in phenomenological research in nursing (Benner, 1994). The philosophical underpinning, assumptions, and distinctions between these approaches are described next.

Descriptive phenomenology

Edmund Husserl (1859-1938), a German philosopher and mathematician, is considered as a father of phenomenology as a philosophy and the descriptive approach to scientific inquiry (Dowling, 2004). Influenced by the Cartesian concept of dualism which believes that the mind and the body are to completely different and they interact with each other, Husserl also believed that the mind and body are mutually exclusive (McConnell-Henry, Chapman, & Francis, 2009b). However, he considered

experimental research as too detached from human experience and believed that it was too limited to provide in-depth understanding of human experience. Hence, he developed descriptive phenomenology as a rigorous scientific approach to describe and better understand lived experiences of individuals (Mapp, 2008).

A fundamental concept of Husserl's phenomenological thought, was the idea of 'intentionality' which was a belief that all individuals' mental acts such as thinking, imagination, memory, and consciousness are directed toward objects (Wojnar & Swanson, 2007). Husserl contended that the naive and essence meaning of things 'as they appear' in humans consciousness and experience can be discovered without researcher's subjective perspectives or interpretation (Dowling, 2004). Therefore, based on the assumption that consciousness is the condition of all human experience and is what humans share (Wojnar & Swanson, 2007), Husserl proposed that knowledge can be stem from conscious awareness (McConnell-Henry, et al., 2009b). Husserl emphasized the need to reach the state of *transcendental subjectivity,* which is a condition of consciousness where the investigator abandon own pre-understanding, prior experience, and biases (Wojnar, 2005). Furthermore, he proposed that *transcendental subjectivity* can be accomplished through the process of bracketing or phenomenological reduction, which involves putting aside any own personal presuppositions relation to the phenomena under study so as not to misinterpret the meaning of phenomena (McConnell-Henry, et al., 2009b). He considered it a crucial process to unravel rigorous, universal, essential and unbiased meaning hidden in individual consciousness and experience (Dowling, 2004). As a result of this reasoning, Husserl defined phenomenology as "the science of essence of consciousness" (Wojnar, 2005).

Husserl's primary focus is an epistemological approach concentrating on the theory of knowledge and consciousness such as "What we know?" and "How we know?". Mathematician by background, he attempted to have 'objective' data and objectify study findings by using bracketing (suspending all preconceptions regarding the phenomenon under investigation), to meet the criteria of scientific rigor. Husserl encouraged suspending any awareness from time and space (temporio-spatial) except consciousness, with the belief that consciousness alone constitutes the truth (McConnell-Henry, et al.,

2009b). This belief is derived from the assumption that humans, as free agents, can be separable from the world (Wojnar, 2005) and have the ability of 'radical autonomy,' thereby bear responsibility for influencing their environment and culture (Lopez & Willis, 2004, p. 9). Therefore, the socio-cultural context was not central in Husserl's approach to science. Instead, he believed that the essence of the phenomenon under study should be presented as universal, regardless of the time and space (McConnell-Henry, et al., 2009b).

In summary, descriptive phenomenology is most suitable for the discovery of phenomena patterns and universalities that can be applied in any context (Wojnar & Swanson, 2007).The greatest challenge in utilizing a descriptive phenomenological methodology is neutralizing researcher's consciousness and being purely objective position in reality (McConnell-Henry, et al., 2009b).

Hermeneutic (Interpretive) Phenomenology

Martin Heidegger (1889 - 1976), a student of Husserl, is the founder of hermeneutic (interpretive) phenomenology. *Hermeneutics*, from Greek, means to "understand" or "interpret" (McConnell-Henry, et al., 2009b, p. 3) and is referred to as a "science of interpretation" (Allen & Jensen, 1990, p. 241) , or "philosophy of understanding and science of textual interpretation" (Geanellos, 1998, p. 155).

Heidegger agreed with his mentor that the goal of phenomenology is 'to understand' by looking at the lived experiences of human beings. However, he disagreed with the importance of description of the phenomena in the absence of interpretation or consideration of context (Dowling, 2004). In fact, Heidegger viewed persons as self-interpreting beings and asserted that understanding necessarily involves "interpretation" (Leonard, 1994).

For Heidegger, humans and world were inseparable and, as one, he called the state as 'being-in-the-world', or '*dasein'* in German ((McConnell-Henry, et al., 2009b; Wojnar & Swanson, 2007). '*Dasein*' is a pivotal concept to the philosophical standpoint of Heidegger (McConnell-Henry, et al., 2009a). Heidegger asserted that everyone is '*dasein*' and every human is a meaningful being (Wrathall, 2006). Individuals can make choices, but their freedom is restricted by the specific conditions of their daily lives (Lopez & Willis, 2004). If time and setting change, human experiences also would change as situated

within people's own circumstance because there is no situation-free experience (McConnell-Henry, et al., 2009a). Heidegger focused on the meaning of the individuals' being-in-the-world and how their choices are affected by the meaning (Lopez & Willis, 2004).

A person is viewed by Heidegger as a being "always already situated" and "thrown" into a particular cultural, historical, and familial world as a group (Leonard, 1994). In contrast to Cartesian views of 'being' as a 'body' that responds by mechanical causality, without intelligence to respond to the world by oneself, in phenomenological hermeneutic view, humans are embodied by having power to respond to the world and forming the shared background (Leonard, 1994).

As previously stated, at the core of hermeneutic (interpretive) phenomenology lies a belief that knowledge from hermeneutic phenomenology cannot be ahistorical or atemporal transcendental reality but one that is restricted within the social, political and cultural context (Leonard, 1994). Hedeiggerian approach assumes that purely neutral and non-interpretive understanding of phenomena is impossible (Allen, Benner, & Diekelmann, 1986). Conversely, Heidegger asserted that human beings exist in the circle of understanding, always ready to understand and interpret "something as something" (Plager, 1994).

Hence, Heidegger invites the researcher as a participant to the interpretation that involves in a dialogical relationship with the interpreted (Plager, 1994). In fact, hermeneutic phenomenology permits and encourages the use of researcher's preconceptions as legitimate components of scientific inquiry (McConnell-Henry, et al., 2009a). Heidegger stated: one never approaches a situation without a pre-understanding (Allen, Benner, & Diekelmann, 1986).

Therefore, in hermeneutic phenomenological perspective, bracketing personal beliefs is not desirable (Snow, 2009). Heidegger (1962) called the researcher's pre-understanding of phenomenon under study as a *forestructure of understanding*, which consists of: *Fore-having* (practical familiarity or background practices from their own world that make interpretation possible), *Fore-sight* (the socio-cultural background that gives a point of view from which to make an interpretation), *Fore-conception* (socio-cultural background that provides a basis for anticipation of what might be found in an

investigation) (Benner, 1994) . These can be made by incorporating researcher's prior experience, pre-knowledge, preconception, personal biases and relevant review of literature (Benner, 1994). Koch (2006) added, "Prejudices are not necessarily erroneous or distortions of truth. Our pre-understanding makes research meaningful" (p. 92). Johnson (2000) concluded,

> "Understanding is never without presuppositions. We do not, and cannot understand anything from a purely objective position. We always understand from within the context of our disposition and involvement in the world. (p. 23)

According to Heidegger, moving back and forth between hermeneutic inquiry, initial fore-structures, parts and whole examining texts obtained during the study is called the hermeneutic circle (Leonard, 1994; (McConnell-Henry, et al., 2009b). The hermeneutic circle involves repeated reading texts with attempting to 'read between the lines' (McConnell-Henry, et al., 2009b). Koch referred to this process as dialogue between researcher and text (Tina Koch, 2006). Heidegger also introduced the concept of '*co-constitutionality'*, which suggests that interpretation comes from the blend of researcher's and participant's understandings. By entering the process of hermeneutic circle, Gadamer, who is a disciple of Heidegger emphasized that language used in texts is the fundamental mode of operation of our being-in-the-world. He contended that interpretation comes from mixture of the horizon of the text and horizon interpreter using a metaphor 'fusion of horizons'. Because the circular movement is ever-expanding and analysis continued until getting depth of understanding, the interpretation is on-going with no absolute final conclusion point (Geanellos, 1998; Leonard, 1994). Moreover, because hermeneutic circle would happen differently among researcher, text, and reader based on their fore-structures, complete consensus about interpretation would never be expected (Koch, 2006).

In summary, hermeneutic (interpretive) phenomenology is an approach that would be most appropriate for the purpose of seeking deeper understanding of human experience by considering contextual features such as cultural, historical, and social situation, and the collective understanding of the interpreter and the interpreted (Wojnar & Swanson, 2007).

Key Distinctions between Descriptive and Hermeneutic Phenomenology

Phenomenology could fill the gap of those decontextualizing frameworks by examining the meaning of peoples' lived experience, their situatedness and concerns (Plager, 1994). Because peoples' interactions and lived experiences are the core of nursing practice, both descriptive and hermeneutic phenomenological methodologies are useful for guiding investigations in nursing science (Van der Zalm & Bergum, 2000). The key differences between the two phenomenological positions lie: (1) in viewing a person as a mind-body distinction and separate from the world (descriptive phenomenology) versus as an inseparable being from the social, cultural, and historical context (interpretive phenomenology); (2) in the purpose of description as it is (descriptive) versus understanding the phenomena through interpretation (interpretive); (3) a belief that the consciousness is what humans share (descriptive) versus a belief that humans form a shared tradition of culture, practice, and language (interpretive); (4) an assumption that suspending the researcher's preconception through bracketing helps present a bias-free description of the phenomenon (descriptive) versus the assumption that a researcher's pre-understanding helps present an in-depth interpretation (interpretive); (5) in emphasizing a context-free universal essences or eidetic structures through stringently established scientific rigor (descriptive) versus emphasizing contextual truth including criteria for trustworthiness of co-created interpretation (interpretive) (Tina Koch, 2006; McConnell-Henry, et al., 2009b; Wojnar & Swanson, 2007).

Justification for the "Right" Approach

Hermeneutic phenomenology is the most appropriate approach to achieve the purpose of the proposed study. First, hermeneutic phenomenology helped with understanding and interpreting the lived experience of Cambodian women infected from their HIV+ husbands rather focusing on the universal features of the experience. The conditions of hermeneutic engagement of the researcher with Cambodian women brought Cambodian reality of the experience. Moreover, the author comes to the study with considerable fore-structure of understanding because of her prior work with HIV infected individuals in Cambodia and her service learning experience with the population of interest in the summer of 2010. The

investigator's prior knowledge of the phenomenon can be appropriately used in a hermeneutic circle of interpretation to produce a new, richer, and more in depth understanding.

Personal Forestructures of the Investigator

A Hedeiggerian hermeneutic phenomenology researcher is required to document one's own fore-structure of understanding, including the researcher's background, preconception, biases and past experience and how they affect the study process by writing a reflective diary. The degree of exposure to the Cambodian culture and the life of the people infected HIV/AIDS are described in the next paragraphs.

I am a thirty-five year old married woman born to Korean parents in a rural province in Korea in 1976. In 2000, I graduated with a Bachelor of Science in nursing degree from Seoul National University in Korea. I was the first person in my family to graduate from a university. After graduation I worked as a Registered Nursing (RN) in the labor and delivery ward and hemato-oncology department at the Seoul National University Hospital for two and half years. My professional work included: prenatal care, postpartum, and pre/post bone marrow transplantation of hemato-oncology care. While working as an RN at the hospital, I obtained the degree of Master in Public Health majoring in Epidemiology from the same school.

In 2004, hoping to help others with my nursing skills and knowledge, I applied for a position in a volunteer ship of Korea International Cooperation Agency (KOICA, like Peace Corps of the U.S.). In my application, I chose HIV/AIDS related work in Africa; however, the agency dispatched me to Cambodia. After three months learning the local language (Khmer) and culture, I was placed to work in the department of communicable disease of the Ministry of Health of the country. While working on the Monitoring and Evaluation team, the office of the Principal Recipient (PR) of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), I joined many field works of hospitals that provided free HIV/AIDS treatment and care, and organizations providing HIV prevention education to the youth in the community and garment factories using the fund of GFATM. More specifically, the team assigned me to conduct a field study involving five hospitals that were providing anti-retroviral therapy (ART). I participated in direct observation, and interviewing staff, patients and their caregivers. Diverse activities

included condom use education, psycho-social counseling, self-help group meetings, and anti-retroviral drug medication education were openly and kindly given to me in which to participate. After two years of involvement in HIV/AIDS related work in the Ministry of Health, Phnom Penh, I moved to Sihanouk Ville, located in the southern part of Cambodia. There, I taught in the undergraduate nursing program at Life University for two years. In both in Phnom Penh and Sihanouk Ville, I was invited to the weddings, funerals, and other important family celebrations, including the national Buddhist holiday *Pchum Ben Day* and *Chaul Chnam Thmey* (Cambodian Khmer New Year).

In 2008, I applied to the Ph.D. in Nursing Program at the University of Washington and was accepted. Hence, I resigned from the faculty position in Cambodia and moved to Seattle in September, 2008. As I completed course work during the 1st and 2nd year of my doctoral program my research interests focused on the Cambodian women living with HIV/AIDS or at their risk to contract the infection. In 2010, I received funding from the Simpson Global Health Service Learning Fellowship to visit Cambodia for two months and get involved in the home-care for people with HIV/AIDS. That experience helped anchor me firmly on the topic of this study: the experience of HIV spouse-wife transmission. Because of my previous experiences of living, working, and learning in Cambodia, the phenomenological hermeneutic approach appears most appropriate to guide the proposed study to explore the lived experiences of women living with HIV-infected husbands in Cambodia.

My fluency of local language (Khmer) is intermediate, requiring the help of an interpreter for the proposed research. Addition to four years of using and learning the language in the country, my efforts have continued to learn vocabulary relevant to the study topic. This level is sufficient for informal conversation and helped me build rapport with participants.

Methods and Procedure

Research methods and procedures used for this study were guided by the Hedeiggerian, hermeneutic phenomenological tradition. Scholars of phenomenology, including Benner (1994), Plager (1994), Snow (2009), and Mapp (2008), have offered guidelines to guide hermeneutic phenomenological inquiry including sampling, recruitment, data collection, data analysis, and scientific rigor. In this section,

a description of sample and setting, recruitment, all details of data collection including interview questions, verification of transcription and data storage and analysis are provided. The strategies for trustworthiness and the protection of human subjects are also discussed.

Sampling and Setting

A purposive sampling of research participants was used as recommended in phenomenological inquiry by selecting individuals who have experienced the phenomenon under investigation (Mapp, 2008). In phenomenological approach, sample size should be small to allow for in-depth examination of data from in-person interviews. Data collection stops when data saturation is achieved, that is, no new conceptual information emerges from data (Mapp, 2008). Morse suggests that data generated from as few as six to ten informants may be sufficient for phenomenological inquiry (Morse, 2000). Based on sample size of 15-20 participants from previous qualitative studies done in Cambodia on HIV/AIDS issues (Geurtsen, 2005; Nishigaya, 2002), the target sample size for this study was approximately 15 women.

Inclusion criteria for the selection of participants were:

1) Married Cambodian woman
2) Eighteen years of age or older
3) Completed Grade 12 (high school) or less
4) Diagnosed as HIV seropositive
5) Self-identified as having contracted HIV through sexual intercourse from their HIV+ husbands (not by rape, blood transfusion, or injecting drug use)
6) Having been sexually active with her husband; engaging in sex with her husband (within the past year)
7) Willing and able to give informed consent

Previous studies found that HIV-infected women have decreased sexual interest, sexual activity, orgasm, sexual enjoyment compared to HIV-women because of reduced sexual desire, issue of safer sex, HIV symptoms, and side effects of antiretroviral drug (Denis & Hong, 2003; Inoue, Yamazaki, Seki, Wakabayashi, & Kihara, 2004; Keegan, Lambert, & Petrak, 2005; Lambert, Keegan, & Petrak, 2005;

Maticka-Tyndale, Adam, & Cohen, 2002). In a study, 50% of 48 women reported having had sexual intercourse in the last month (Lambert, Keegan, & Petrak, 2005). Based on these findings, I define "being sexually active" as "engaging in sex with her husband" without a specific frequency. Additionally, with consideration that people may remember their experience for one year, women who had sexual relationship until the past year may participate in the study. Characteristics representing socio-economic status such as income or residence (urban v. rural) were not criteria of eligibility but were obtained through the demographic form to understand the characteristics of participants as a study group.

Potential participants were excluded if they were single women or widowed for more than one year and non-Cambodian such as Chinese or Vietnamese living in Cambodia. Women were excluded if they were not HIV-positive or have had HIV transmitted by rape, sharing contaminated needles, or by contaminated blood transfusion. Women who were not engaged in sex with their husbands, not willing or were able to give informed consent, and had prior knowledge of the interpreter were not participating in the study.

The Sihanouk Hospital CENTER of HOPE (SHCH), located in Phnom Penh, the capital city of Cambodia, was served as the setting for recruitment and data collection for the study for several reasons. The SHCH is a center whose mission is to provide free medical care for the poor and disadvantaged people living with HIV/AIDS. Founded in Cambodia in 1997, currently, it has about 3,700 adults enrolled from all the provinces and every day about 70-100 adults who need HIV/AIDS medication and care come to the center for regular consultation and counseling. The investigator has recently volunteered (Summer, 2010) in the out- and in- patient departments and worked as a volunteer member of their home care team. A letter of support from the director of the Infectious Disease Department of the hospital had been obtained, approving me to recruit study participants.

Recruitment and Enrollment Procedure

There was a four-phased process to recruit study participants. First, along with the hospital's support, the investigator introduced the study purpose, eligibility, and how to participate in the study to the director of the director of the participating hospital's infectious disease department of the hospital allowed

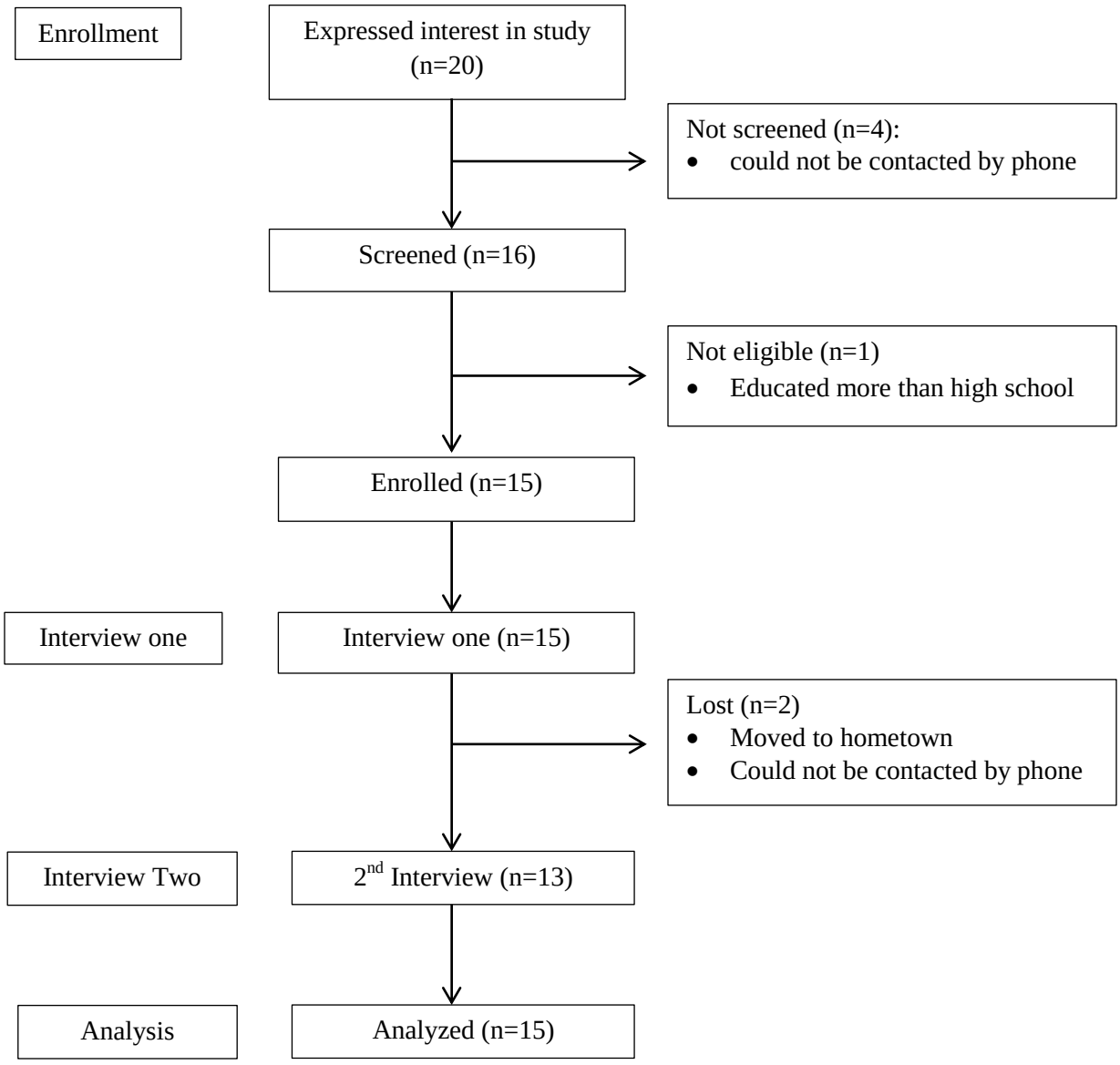
two support group leaders to work as intermediaries for recruiting women for the study. Recruitment flyer (See Appendix A) was used as a secondary tool. Primary purpose of the flyer was to help provider intermediary with information relevant to the study to instruct patients. Second, potentially eligible HIV-infected women was identified and first approached by the site health care provider intermediaries. See Recruitment script that they were trained to use (See Appendix B). Third, after a potential woman has agreed to be approached to learn more details about the study, a specially trained local assistant and I had face-to-face contact with her to do an initial screening by using 'initial contact script and screening questions' (See Appendix C) at the office in the hospital in a sound-proof area in which no one else near-by can hear the content of the interview or the participant's responses. Fourth, if it was confirmed that she was eligible for the study and was willing to share personal story in person, I gave full information by using an information sheet (See Appendix D). Once it was determined that she clearly understood the study purpose and procedures, she was asked to give her informed consent.

These recruitment efforts were expected to be supplemented by posting a recruitment flyer at the SHCH, after appropriate human subjects and other approvals were obtained from the SHCH. Such a poster would give potential participants the opportunity to self-refer. A recruitment flyer contained a simple abstract of the study in lay language; the inclusion criteria, what the study involved, the contact person and phone number (See Appendix A). One of inclusion criteria, 'self-identified as having contracted HIV through sexual intercourse from their HIV+ husbands (not by rape, blood transfusion, or injecting drug use) was simplified as 'HIV-infected' because it may frighten potential participants. I was able to clarify it during the screening process when they showed an interest to participate. A local assistant and I were available to introduce the study and responded to questions by being in the HIV treatment clinic at a regular time each week.

Fifteen women were recruited from an HIV clinic through the researcher's on-site networking. Recruitment and data collection occurred between the end of August, 2011 and end of November, 2011. Two interviews were attempted with each participant. Fifteen women participated in the first interview, and 13 participated in the second. Reasons for not conducting the second interview included an inability

to contact participant after the first meeting because of her not having a phone (P11, age 32) and a participant's move back home because of her husband's worsening condition (P2, age 42). Figure 2contains a summary flow of each step in detail.

Figure 2. Consort Flow Diagram



Data Collection

In hermeneutic phenomenology, everyday activities of people can be important primary data sources (Benner, 1994; Leonard, 1994). Methods of collecting data for the investigation include: 1)

individual interviews, 2) demographic form, 3) personal diary, 4) attendance at social events, 5) encounters at the hospital, and 6) reading public writings and media.

Consistent with the tenets of hermeneutic phenomenology, interviews were open and used plain conversational language in Khmer (Benner, 1994). The role of storytelling was emphasized, and active listening and paraphrasing were used as needed (Benner, 1994). Semi-structured questions were designed to elicit information on the women's experiences of cultural and social expectations of wives and experiences of HIV contraction from their husbands. Benner (1994) suggested that questions should be most general and least inferential with guarantee any ways of responses for equalizing power between researcher and study participant. Based on the interview protocol (Appendix E), those research questions were broad and open ended to allow storytelling.

Examples of the semi-structured open-ended questions were: (1) what qualities are particularly important to be a good wife to your husband? (2) Tell me about a recent situation or example in which your husband or family members living with you listened to your ideas or followed your decisions or recommendations? (3)What are your husband's general expectations of you as his wife in terms of a sexual relationship? (4) What are your husband's beliefs about the use of male condoms by a married couple? (5) I understand that it is common in Cambodia for a man to have sex with another woman when he cannot have sex with his wife. For example, this might happen when he is traveling, far away from home for a job, or at times when his wife cannot have sex. What do you know about this? Is this true for you and your husband? (6) What are some things, if any, have you previously tried to prevent yourself from getting the HIV infection from any sources? (7) Once you knew your husband's HIV status, what things, if any, did you do to reduce the risk of infection transmission from your husband to you (ask if applicable)? (8) What was it like for you to learn your being HIV+?

Additional probing questions were used to elicit more detailed information, provide clarification, and enhance understanding of the participants' stories. Examples of probing questions include: (1) "Tell me more about that …", (2) "Tell me what you meant by…", and (3) "How did that make you feel?" 4) What is a recent example of what you said?

Based on the guidelines for phenomenological inquiry, the length of the first interviews ranged from 47 to 84 minutes, with an average of 67 minutes. The time depended on the individual woman and what she chose to elaborate in her answers to the interview questions (Mapp, 2008). A sum total of 1,010 minutes were spent conducting first interviews.

The second interview occurred three to four weeks after the first one. The second interviews enabled me to clarify initial understanding and interpretation and ask any additional questions relevant to understanding their experience. Rich and redundant texts make interpretation more visible, confident, reliable, and plausible (Benner, 1994). The second interviews ranged from 57 to 84 minutes, with an average of 69 minutes. A sum total of 896 minutes were spent conducting second interviews. All interviews took place in confidentiality room offered by the clinic to protect confidentiality.

Demographic questions included HIV-specific characteristics such as years of being diagnosed with HIV and CD4 cell count, and spouse and household's characteristics (Appendix F). The researcher read each question for participant, and filled out the form. Field notes were kept to record thoughts, impressions, reactions to interviews and all activities during the entire duration of the study. Being on-site enabled researcher to obtain information by interacting face to face with women, and join cultural ceremonies such as weddings and funerals during the study period. These activities helped build trust and further assist women participants to open their stories. I contacted and visited Cambodian country offices of UNDP, UNAIDS, and Ministry of Women's Affairs in Phnom Penh to obtain the most updated publications on the issue of spousal HIV transmission in Cambodia. In addition, the researcher read public writings and media during my stay in the country.

Data Management

All interviews were digitally audio-recorded during interviews. Each interview was transcribed verbatim in Khmer, and 100% verified for accuracy by one person. Four college students in my professional network in Cambodia were easily recruited for the transcription work while I am in Cambodia.

No standardized methods exist for evaluating the influence of translation on the rigor of the qualitative research when more than one language is involved. The use of two translators is recommended to reach high quality of translated transcripts (Chen & Boore, 2009). In the proposed study, the following procedures were carried out. First, the Khmer translator s translated into English and 100% verified line by line by the same translator. Questionable phrases, words, and even whole ideas were discussed with me. Both the Khmer and English versions were closely and carefully reviewed to evaluate and standardize the procedure. To ensure the accuracy of the conceptual and semantic equivalence of meaning between the original and translated data, back-translation method was carried out. Back-translation is one of most common techniques and highly recommended procedure in cross-cultural studies (Birbili, 2000; Chen & Boore, 2009). It involves an independent translation from the target language (English) to the source language (Khmer) and a comparison of the two versions until all the discrepancies in meaning are clarified (Birbili, 2000). Seven out of 28 transcripts (25%) were back-translated by a second translator. The initial two interviews were back-translated in order to standardize the procedure. After this, three interviews were randomly selected from the first five, second five, and final five of the completed interviews. Differences or ambiguities between the Khmer and the English versions of the transcripts were resolved through discussion among the translators and me.

All local assistants (2 interpreters, 4 transcriptionists, 4 translators) were trained using a training manual developed under the guidance of Dr. Frances M. Lewis. They all agreed not to disclose or share anything that they hear and learn about the participants' information during the interviews, both in general and about each specific woman by signing the confidentiality agreement form (See Appendix G).

Qualifications skills of an interpreter and translator. Qualifications listed below were used for an interpreter and translator recruitment.

1) Bi-lingual in both English and Khmer: able to speak, listen, write, and read equally well; 2) understand the socio-cultural context of the women being interviewed; 3) sufficiently educated (at least college) with familiarity with the concepts and background of the study; 4) having health-related knowledge or experience preferred; 5) having experience in translation and interpretation preferred; 6)

reliable and responsible; 7) not working at the recruiting agency; 8) having enough free time to work in a timely-manner; 9) no prior contact with the study participants who were accrued into the study.

One of interpreters, Mom Chanthy was identified as a trustworthy interpreter during the Simpson Fellowship in Summer 2010. She is good at both languages and has been working in the Cambodian Red Cross HIV/AIDS program for more than 10 years. Holding a Master of Public Health, she has been involving in both internationally and locally HIV related works since 1998 such as a regional program officer in Bangkok, Thailand, and a community project manager.

The following skills were needed from the interpreter. 1) Able to demonstrate to me the purpose of each interview question related to my study; 2) skilled in accurate interpretation. This includes conveying specifically what is said by me and by the study participant without changing the words that were conveyed; 3) skilled in being able to fully disclose me everything that is stated; 4) skilled in stating details of what is said, not a summary; 5) skilled in being able to independently inviting the participant to elaborate saying that "tell me more about it" when there are key phrases; 6) skilled in linking and re-channeling interviewee's eye-contact and answers to me all the times; 7) skilled in using sensitive and gentle word. For example, in re-channeling of the interviewee who is looking and talking to the interpreter, saying that "thank you for your sharing. Let's have you look at Young Ran"

The translators needed specific skills to carry out both forward and backward translations. These were: (a) skilled in word-by-word translation, not rounding; (b) skilled in being efficient in terms of speed and accuracy; 3) skilled in notating questionable phrases, words and even whole ideas, and discussing with me; 4) skilled in the intra-personal verification by oneself line by line for 100% verification.

Those skills were tested and verified during the interview process by having each applicant translate five examples of interview questions from Khmer to English.

Data Storage

Data were stored in three different ways: (1) password protected wav file of original audiotapes, (2) on limited access computer file within ATLAS.ti 6 qualitative software; and (3) hard copies of

transcriptions without any identifiable information. In order to protect participants' confidentiality, information obtained from each participant was given the corresponding code number. The identifiable information such as consent forms, demographic data, and audiotapes were kept in a locked cabinet with access available only to the investigator. Upon completion of the study, the audiotapes will be erased but transcription without personal identification will be kept indefinitely for secondary analysis and teaching purposes, approval of which were sought from the University of Washington Institutional Human Subjects Review Committee and National Ethics Committee for Health Research (NECHR). This latter organization is the official organization under the Ministry of Health that has the authority to grant me permission to recruit and conduct the interviews related to health in Cambodia.

Data Analysis

The process of analyzing hermeneutic phenomenological data begins with the acknowledgement that interpretation occurs within the context of the researcher's forestructures of understanding. The investigator's personal forestructures of understanding were described in the preceding sections of this proposal.

In an hermeneutic investigation, it is important to ensure that the interpretations are true to the meanings and context of the participants in the study, instead of the investigator. The steps for data analysis of the interview texts were consistent with the three-step process described by Benner (1994). It involved: (1) thematic analysis, (2) analysis of episodes, and (3) identification of paradigm cases (pp. 112-118). These three interpretive strategies are not simply linear process but cyclical or iterative, and evolving. The process of analysis was guided by a diagram and description of each process that helped keep the investigator's approach consistent (See Appendix H).

Thematic analysis. Thematic analysis involves a systematic and rigorous back and forth process of reflective reading of text that moves from description to interpretation to critique, and between its parts and the whole. The whole texts were made up of interview transcripts and personal diary. These multiple readings provide a method to reach a comprehensive understanding of the text and to clarify distinctions and similarities.

When reading several cases, lines of inquiry were then identified from the consistently emerging themes from the texts. This requires skill, practice, and a great deal of time for the researcher who is naïve to hermeneutic phenomenology. According to the Ricoeur's theory of interpretation, interpretation was attempted beyond explanation. While 'understanding' refers to a superficial grasp over the whole of text (what the text says?), 'interpretation' seeks the unexpressed meaning beyond expressed grasping the meanings the text discloses (what the text talks about?) (Geanellos, 2000).

In doing thematic analysis, Benner proposed five sources of commonality that the researcher should seek: (1) Situation: how the persons are historically and currently situated, (2) embodiment: embodied knowledge of the person's perceptual and emotional responses, (3) temporality: the experience of lived time is the way one projects oneself into the future and understands oneself from the past, (4) concerns: the things that the person takes as meaningful and significant in the situation, (5) common meanings: taken-for-granted linguistic and cultural meanings (Benner, 1994, p. 104-105).

The process of searching for commonly emerging themes results in a strategy for interpretive analysis of the data. This is called the interpretive plan and it was verified by a faculty member who is an expert in phenomenology. Each text was then read from the standpoint of the designed interpretive plan. General categories identified during this process were formed the basis of the findings.

Analysis of episodes. Once the researcher has identified a pattern of meaning, a common situation, or embodied experiences, all components of the phenomenon were analyzed including the participants' responses, concerns, actions, and practices. Non-verbal communication and all aspects of the interaction would help creative thinking in linking with theme and giving a realistic interpretation (Tattersall, Watts, & Vernon, 2007). Specific events, exemplars, stories that capture the essence of the phenomenon in such a way that it can be recognized in another situation, were created from this process.

Identification of paradigm cases. Paradigm cases are cogent representations of specific patterns of meaning. They "embody the rich, descriptive information necessary for understanding how an individual's actions and understandings emerge from their situational context (Benner, 1994, p. 59). The participants' concerns, practices, and background meanings were also included. In developing paradigm

cases, the researcher read each interview to gain an understanding of each story. Each story was then summarized which allowed the researcher to make comparisons between the paradigm cases. Identified paradigm cases should hold strong instances of particular pattern of meaning. In doing these three steps, researcher involved process of reasoning, imaginative dwelling, comparing, which required skills of analysis, criticism, and synthesis. Based on the Benner (1994)'s requirement, the investigator wrote commentary in her words to clarify the meanings of the first level description and articulation, and present it in the result section.

Descriptive data obtained from the demographic form was analyzed by using summary statistics such as frequency, percentage, median, and narratives.

Trustworthiness

There are no standardized criteria to establish the trustworthiness (rigor) and clarity in a hermeneutic phenomenological study (McConnell-Henry, 2009). Koch (2006) urged researcher to select the most appropriate and practical criteria by oneself. For this study, the researcher chose four criteria (credibility, fittingness, confirmability, auditability) from Guba and Lincoln's (1981) methodological rigor in qualitative research.

Credibility (truth value). The truth value in a qualitative investigation "resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects" (Sandelowski, 1986, p. 30). When the people having that experience recognize the descriptions and interpretations as such faithful as their own, a qualitative study meets the criteria credibility (Sandelowski, 1986).

Fittingness (applicability). Because qualitative investigation focuses on the phenomena in the natural setting without any control, the application of context-free structure is not possible (Guba & Lincoln, 1981). From the point of qualitative methodological view in which each individual has their own unique truth (Mills, 1994), reality would be different in a given situation depending on the nature of the data collected and by whom. Hence, Guba and Lincoln (1981) suggested that 'fittingness' be the criterion, along with the concept of applicability. A study meets the criterion of fittingness "When its findings can "fit" into contexts outside the study situation and when its audience views its findings as meaningful and

applicable in terms of their own experiences" (Sandelowski, 1986, p. 32). A study could also achieve the criterion "when the findings "fit" the data from which they are derived" (p. 32).

Auditability (consistency). Humans' situations are all unique in qualitative research, so a same result by replication cannot be made (Sandelowski, 1986). Thus, instead of the concept of consistency, Guba and Lincoln (1981) proposed 'auditability' as a criterion of rigor for qualitative investigation. Sandelowski (1986) concluded that,

> A study and its findings are auditable when another researcher can clearly follow the "decision trail" used by the investigator in the study. In addition, another researcher could arrive at the same or comparable but not contradictory conclusions given the researcher's data, perspective, and situation. (p. 33)

Auditability means that any reader or another researcher can follow the each steps of the study process and understand their logic. It is depending on a clear decision trail concerning the study from its beginning to the very end justifying what was actually done and why (Sandelowski, 1986). It involves the nature of each decision, the data upon which it was based, and the reasoning that entered into it (Guba & Lincoln, 1981).

Confirmability (neutrality). Neutrality refers to the bias-free process and product in research. Guba and Lincoln (1981) proposed the confirmability as the criterion of neutrality, and it is achieved when credibility, fittingness, and auditability are achieved.

Strategies to Promote Scientific Rigor

The following measures were taken by me in given circumstances and resources to promote the trustworthiness of the interpretation and to employ the best research practices of hermeneutic phenomenology.

- I made clear and explicit my personal forestructures of understanding including past experiences, biases, and hypothesis, and how they influenced the study. This would help prevent from deviation from the truth value.

- Having multiple data sources could contribute to the discovery of the truth of the phenomenon. Thus, I included the informants' multiple interviews, stories, informal conversations, and my reflective daily diary since the hermeneutic approach allows me to make data as a participant of the study (Koch, 1996).
- In order to minimize the distortions that may result from a close relationship developing between researcher and participants from too many involvements, I constantly and closely monitored my responses by practicing self-reflection. Every day, I attempted a debriefing by comparing personal impressions and thoughts from interviews with the accompanying interpreter or other disinterested peers.
- Faculty mentors of my dissertation supervisory committee closely monitored my work throughout the study process through email communication and face to face meetings.
- In order to minimize distortions that may result from the data-gathering process and technique, careful recording of data and continual scrutiny of data are important. Because of the nature of my language barrier as a Korean, the quality of accuracy in the interpretation of interviews, transcription of taped-recordings, and translation of scripts determine the quality of data. Therefore, interpretation, transcription, and translation were carefully and regularly monitored and scrutinized throughout the period of data collection.
- In carrying out the study, I recognized that the women were experts on the experience of spousal transmission of the infection; therefore, they were given voice during in-depth interviews and internal validation of findings. The external validation of study findings was protected by closely working with a faculty mentor who is an expert in phenomenology and another faculty mentor who acted as a peer debriefer. They read all interview transcriptions, and had meetings and email correspondence to discuss the themes and entire structure of the findings.
- For the judgment of the 'fittingness' of a study, I made an effort to consistently keep field notes for contextual information (Koch, 2006).

- Was anything odd about the environment?
- How did the interview go?
- How did the researcher feel about the interview's success?
- Were any questions asked that made the subject obviously uncomfortable or upset?
- Were the subject's answers in agreement with what was expected by me did they confirm information already gleaned?
- Was there anything new and surprising in the interview, that opened a new window in the investigation or provided me an "aha moment"?

Conclusion

Benner (1994) offered three ways to establish the rigor of Heideggerian phenomenology:(a) the inevitable retrospective and historical nature of interpretive work; (b) the involved and time-consuming need for studying participants in their everyday situatedness; and (c) the arduous commitment involved in interpreting the text (p. 77). As implied and required by Benner's points, the quality of personal reflection, time spent, degree of commitment and involvement in the participant's everyday life would determine the success of this research.

Protection of Human Subjects

Before initiating the proposed study, the Human Subjects Committee of the University of Washington and the Cambodia National Ethics Committee for Health Research reviewed and approved the study. Written consent was obtained. The participants were informed of the study purpose and process, and about their right to withdraw at any time. They were assured verbally and in writing that strict confidentiality would be maintained by assigning unique identification number to each participant's data and keeping the identifiable information locked and separate from the transcriptions. Names, specific locations, situations, and stories were altered to protect the identity of participants. The tapes will be erased at the end of the study while the transcriptions will become part of the researcher's permanent files.

There were no known physical risks to study participants. There were instances during the interviews in which some of the women experienced a certain amount of temporary sadness or distress in

sharing their own stories and HIV-related concerns or conflict with their husbands. If the woman became emotionally overwhelmed during the interview, the protocol required that the interview stopped the interview and the woman was given the opportunity to either decline to continue or to reschedule the interview at another time.

Risks and Benefits

There was a potential risk that the subject's participation in the study could contribute to distress in the relationship, including spouse's negative reactions if the woman's participation became known to him. As part of informed consent, each subject was told about this potential risk. Confidentiality of subject data offered some protections. The investigator provided referral information to study participants with which the participant could find counseling services and clinical treatment. No participants were referred during the entire study period.

There was a slight possibility that somebody could hear what the woman said. Alternatively, it was always possible that the interpreter could accidentally disclose something. However, we used a confidential setting so nobody can over-hear to minimize the possibility that somebody over-hears and there was an extensive training for the interpreter to prevent disclosure.

There was no direct benefit to women in the proposed study. The benefit is to contribute to the development of a husband-wife HIV education and prevention program that is culturally acceptable by Cambodian men and women. Participants may benefit by releasing their emotions and concerns over interviews. Upon completion of the each interview, each participant received local cash of $5USD as a token of investigator appreciation for sharing her time.

Summary

The methodology used for this inquiry was interpretive phenomenology. The philosophical position of Heidegger was chosen because it is believed that it most fit the research purpose of understanding the experience of women of HIV infected spouses, as well as the researcher's world view. A purposeful sample of fifteen women was recruited to participate in the study. Recruitment of women was a on a voluntary basis through an intermediary in the SHCH. Data were obtained through semi-

structured digital-recorded interviews, demographic forms, and a personal diary. The interview questions were designed to elicit information regarding the experience of living as a Khmer woman and of being transmitted HIV by an infected spouse. Confidentiality was strictly maintained throughout the course of the investigation. Data analysis was consistent with the three-step process described by Benner (1994), thematic analysis, analysis of episodes (exemplars), and identification of paradigm cases. Experts in qualitative research analysis validated the interpretation. The study findings are presented in the following chapter.

CHAPTER IV: RESULTS

Description of Sample Participants

Demographic information as obtained from a form is summarized in Table 1. Seventy three percent (n=11) of 15 women originally were from rural areas and 27% (n=4) currently live in rural areas. The median age of the 15 women was 33 years (range 28-42) and the spouse's median age was six years older (range 30-46). At the time of the interviews, they had been married a median of 15 years (range 7-26). The median level of education for the participants was 7 years less than that of their husbands. Two participants had never attended school or received any formal education. While only one participant completed up through high school (Grade 12), five spouses completed that same level of education. The majority of the women were Buddhist (86.7%), and there was one Christian. Sixty percent (n=9) of the women reported being employed in jobs such as sewer workers (n=5), factory workers (n=2), farmers (n=1) and soldiers (n=1). Their husbands were reported as being in construction (n=5) and other professions (police, farmer, factory worker, electrician). The total household income ranged from $0 to $200 monthly, with a median of $60 per month. In terms of using mass media to get information, most of the households had TV; one-third of the women (n=5) listed the radio as their second media information source, while most husbands received information through a newspaper (n=10).

The median time since HIV diagnosis was 8 years, with a range of 2 years to 14 years. One participant was infected by her current husband three years before marriage, having lived with him prior to officially getting married. One woman was infected by her spouse the same year they married. With the exception of one woman (diagnosed one year before her interview) whose CD4+ T cell still is as high as 700, all 14 women had been in antiretroviral therapy (ART) for ranging from 4 months to 10 years before being interviewed. 80% of women (n=12) reported that they believed their husband had been infected by female sex workers in brothels (n=8), other non-brothel sex workers (karaoke, beer promotion) (n=4), or a casual sex partner outside marriage (girlfriend, n=1). Three responded that they did not know how their husbands were infected with HIV before transmitting it to their wives.

Table 1. Summary of Individual and Household Characteristics (N=15)

Characteristics		Participant (Wife) (*n*=15)	Spouse (*n*=15)
Demographic			
Age (years) [median, range]		33 [28-42]	39 [30-46]
Education (grade) [median, range]		7 [0-12]	8 [4-12]
Religion (n, %)	Buddhism	13 (86.7%)	13 (86.7%)
	Christian	1 (6.7%)	1 (6.7%)
	None	1 (6.7%)	1 (6.7%)
Years in marriage [median, range]		15 [7-26]	
Hometown (n, %)	Phnom Penh	4 (26.7%)	n/a
	Province (rural)	11 (73.3%)	
Current residence (n, %)	Phnom Penh	11 (73.3%)	
	Province (rural)	4 (26.7%)	
Use of Mass Media	TV	13 (86.7%)	14 (93.3%)
	Radio	5 (33.3%)	5 (33.3%)
	Newspaper	1 (6.7%)	10 (66.7%)
	Magazine	1 (6.7%)	1 (6.7%)
	None	1 (6.7%)	1 (6.7%)
Disease specific characteristics			
Years known HIV diagnosis [median, range]		8 [2-14]	6.5 [1-14]
Years taken ARV [median, range]		5.5 [0.3-10]	6 [0.2-10]
CD4+ T cell (mm/) [median, range]		500 [200-724]	500 [300-818]
HIV transmission route	Brothel		8 (53.3%)
	Non-brothel	From husband	4 (26.7%)
	Girlfriend	(n=15)	1 (6.7%)
	Don't know		3 (25.0%)
Household-related characteristics			
Household monthly income (US $) [median, range]		60 [0-200]	
Number of children [mean, range]		1.5 [0-3]	
Number of children infected with HIV [mean, range]		0.2 [0-1]	
Having room for the couple (n, %)	Yes	9 (60.0%)	
	No	6 (40.0%)	

The characteristics of each participant and spouse, as well as pertinent household information, are shown in Table 2~4 below in detail.

Table 2. Demographic Characteristics of the Participants and Spouses

	Participant's characteristics				Spouse's characteristics			Couple
	Age	Grade completed in school	Occupation	*Hometown / residence	Age	Grade completed in school	Occupation	Yrs in marriage
1	39	Grade 9	Sewer	Urban/urban	36	Grade 5	No job	n/a
2	42	Grade 7	HIV/AIDS NGO staff	Rural/urban	43	Grade 7	No job	22
3	40	Grade 9	Sewer	Rural/urban	38	Grade 12	Retired soldier	14
4	31	Grade 3	Sewer	Rural/rural	31	Grade 12	Construction worker	7
5	32	Grade 9	Sewer	Urban/urban	39	Grade 12	Volunteer	n/a
6	28	Grade 8	Soldier	Rural/urban	31	Grade 7	Construction worker	13
7	34	Grade 12	No job	Rural/rural	38	Grade 12	Police	15
8	33	Grade 5	No job	Rural/urban	34	Grade 4	Hair designer	13
9	31	Grade 5	No job	Urban/urban	39	Grade 11	Construction worker	22
10	42	0	No job	Rural/rural	42	Grade 8	Field keeper	16
11	32	Grade 5	Factory worker	Rural/urban	38	Grade 9	Factory worker	21
12	40	Grade 4	Farmer	Rural/urban	46	Grade 6	Construction worker	14
13	28	Grade 7	Sewer	Urban/urban	43	Grade 12	No job	15
14	37	Grade 8	Volunteer	Rural/urban	40	Grade 8	Electrician	10
15	30	0	No job	Rural/rural	30	Grade 7	Construction worker	n/a

Note. *Urban here refers to Phnom Penh, a capital city of Cambodia

Table 3. Disease Specific Characteristics of Participants and Spouses

Participant's characteristics					*Spouse's characteristics			
Participant	Years known HIV diagnosis	Years taken ARV	CD4+ T Cell count (cells/mm$^{3)}$	HIV transmission route	Years known HIV diagnosis	Years taken ARV	CD4+ T Cell count (cells/mm$^{3)}$	HIV transmission route
1	11	8	447	Husband	11	8	300	FSW
2	12	8	320	Husband	don't know	don't know	700	FSW
3	9	8	600	Husband	8	5	500	FSW
4	5	3	536	Husband	5	5	330	Girlfriend
5	13	8	724	Husband	17	9	818	FSW
6	10	4 m	300	Husband	10	10	600	FSW
7	2	1	400	Husband	5	5	500	FSW
8	1	No ARV	700	Husband	1	don't know	don't know	Karaoke
9	8	4	500	Husband	5	2 m	300	Beer promotion
10	12	8	400	Husband	12	9	580	don't know
11	3	2	200	Husband	3	3	don't know	don't know
12	3	3	262	Husband	3	3	324	FSW
13	14	10	684	Husband	14	10	335	FSW
14	8	7	700	Husband	8	7	600	Beer promotion
15	2	2	500	Husband	2	No ARV	800	don't know

Note. *The information of the spouse was identified by the woman participant, not by the spouse.

Table 4. Household-related Characteristics

Participant	# of children	# children infected with HIV	monthly income ($)	Housing	# of room	Having a private room for couple	Financial assistance
1	1	1	55	Rent:40$/m	1	Yes	$30/month
2	1	0	0	Rent:$30/m	1	Yes	None
3	2	1	10	Own	1	Yes	None
4	3	0	30	Own	1	No	None
5	1	0	60	Rent:20$/m	2	Yes	None
6	1	0	30	Live with mother	1	No	None
7	1	0	100	Live with mother	2	Yes	None
8	2	0	100	Own house	1	No	None
9	2	0	200	Temporary shelter at construction area	1	Yes	None
10	3	0	40	Live with relative	2	No	Rice
11	1	0	150	Rent:$25/m	1	Yes	None
12	3	0	100	Own	1	Yes	None
13	0	0	200	Live with mother	1	Yes	None
14	2	0	55	Rent: $45/m	1	No	None
15	1	1	80	Own house	1	No	Built a house

Findings

Life Journey of a Khmer woman before and after her HIV Diagnosis

The original proposed study aims were first to explore the culturally and socially embedded factors and underlying mechanisms of spousal HIV transmission as described from the experiences of Cambodian women infected by their HIV infected husbands, and second, to discover the meaning of becoming HIV infected and living with HIV as a Khmer woman. In the conduct of these interviews, the study participants disclosed much more than what the original questions were designed to address. Consistent with an interpretive paradigm, I was open to the direction the subject chose to take the interview. In an interpretive paradigm, it is the research participants who are recognized as the experts and knowers of their lived experience; the researcher is the learner. Everything the participants say is

important in the inductive type of research and cannot be ignored. The study results reported in this chapter, therefore, go beyond the proposed aims and include all reported experiences of living with HIV.

Paradigm Case: Sonida

In order to provide a deeper understanding of the experience of becoming a person with HIV and living with HIV as a Khmer woman, a paradigm case that captures many shared meanings, concerns, practices and ways of living is presented next. Fictitious name (Sonida) is used throughout these findings to protect the women's identities.

The following narrative from Sonida depicts the experience of getting infected with HIV from her husband; her account of suffering from the infection was consistent with the reports of the participants' stories. Sonida's story makes explicit an overarching theme that appeared in many of the participants' stories, *the Loss of the Past, the Loss of the Future: Life Journey of a Khmer woman before and after her HIV Diagnosis.*

At the time of her interviews, Sonida was a 40-year-old lady who had been married for 14 years. Their family was originally from a rural area of Cambodia but now resided in Phnom Penh. Sonida's formal education ended at grade 9. She worked as a sewer, earning $10 USD per month. Sonida's husband, a 38-year-old retired soldier, had infected her with HIV 9 years before I spoke with her. Sonida reported that her husband had contracted HIV from a female sex worker. Sonida and her husband have been taking ARV, Sonida for 8 years and her husband for 5 years. Their health conditions were relatively stable, with CD4 counts of 600 and 500; healthy CD4 levels ranging from 500 to 1500 cells/mm^3. The couple's immune functions can be considered as returned to normal thanks to the ARV medication. They have two children and one of them is infected with HIV from the mother, Sonida. Sonida's personality was warm and inviting. I was quickly drawn into her story. She pointed indirectly and perhaps unknowingly to gender inequality, being subject to discrimination by her husband and others, and dealing with the toll of HIV, both on her and on her family.

Below is from field notes that I wrote during and after the two interviews.

Husband had 2 girlfriends and acquired HIV from one of them. She made a decision to divorce but conceived a baby so decided not to do. Husband asked to do oral sex but she never tries it because she does not know how to do and it is very shameful. She said that the girlfriend of husband does oral sex and husband is very happy about it. She said that if a woman asks for sex first, it is not good attitude as a Khmer woman. Overall, interview went well as planned. In the second interview, she came with her husband and 2-year-old daughter. Husband was with daughter during interview and brought a bottle of water for Sonida at the time of ARV medication. She often used the phrase "as a Khmer woman." My interpreter shared her impression that Sonida relinquished many of her rights to her husband. .

The following descriptions and conversations demonstrate how Sonida's dreams were destroyed by the husband's actions and illustrate the suffering the family has gone through because of the HIV infection. When she was old enough to marry, Sonida's parents arranged a man for her and she followed their wishes, but she also believed the man would be suitable. He seemed gentle, and she believed he was not the type that would betray her. She did not like young men who were more likely to play with girls and did not want that in her marriage. One of her beliefs for a happy life was having a faithful husband who would not hurt her.

Sonida: My husband is younger than me. My husband is two years younger than me. When I said I didn't want a young husband, as I was afraid he would hurt me. I saw many cases, where the young husband, handsome husband, he loved just for a while then divorced. My mother didn't force me; she said if I don't want to take him then it is okay. Later, my parents engaged me so we got married.

I: Why did you agree or take him?

Sonida: Because I followed my mother, but I also thought he is good, as he is gentle, doesn't know how to drink, just knows only how to make money so I love him. If he wasn't a gentle man then I wouldn't marry him. I will not marry one who is going out a lot and is impolite. I saw some men that I thought were gentlemen, but after they got married and had children, they started drinking, but for him, he didn't drink too much and stayed gentle.

Sonida feels that a man cannot be without sex for a long time when his wife is unavailable. As long as the husband protects himself from diseases, she can ignore him having sex with other women,

Sonida: When we...hmm...if we deliver baby, we are in post-partum period and cannot have sex. Men cannot bear it during these 3 months. So he will go to find someone outside to have sex two or three times. It is not a big matter, I just let him go.

I: No problem during this time?

> *Sonida: Yes, no problem if he knows how to protect himself. If he doesn't know how to protect himself, I am afraid of infection when…I had a disease and I did not know how to protect myself so I got an STD infection from my husband….The sickness is getting more serious, I'm afraid only of this….If you do not know how to protect yourself, and he does not know how to take care of his health….you do not know what to do then*.

Although she allowed her husband to release his sexual desire during post-partum, Sonida believed he did not sincerely love any woman except her. If he did, she could not avoid separating from him. She seemed okay with her husband having sex with other women, but there was a borderline condition that he should not cross.

> *Yeah, [my husband] does not have a lot of girls like other men... If he loves, he loves deeply... does not have any girls outside for fun....If he has a lot of girls like other men...I will divorce him.*

In addition, Sonida accepted a man going to prostitutes as his right, one that a woman can forgive, if it does not happen too often and he protects himself. Spending a lot of money for sexual services that could destroy the family and his health was the reason she kept her husband from going out. However, she did not perceive the need to warn her husband about the prevention of HIV when having other women. Unfortunately, after the couple had their first baby, the husband started drinking a lot and continued having girlfriends even after he and Sonida had more children. Sonida's parents-in-law consoled her that he would come back after experiencing the infidelity and urged her to wait for him. Both Sonida and her husband were tested for HIV and were found to be negative. However, the husband became sexually involved with another new woman after the testing. She explains:

> *He didn't drink, not too much, but he started to drink, after we had the first baby, as he followed his friends. Now, he drinks a lot and has other women, too. We had a baby five years after we were married, then he started having another woman when the baby was 1 or 2 years old. My parents-in-law told me to just let him follow the air for a while, as he loves that woman. I said yes, I will let him. But a year later, he separated from that woman and came back to me. I went for a blood test then, the result was negative, and he said he did the blood test too and it was negative as well, so I trusted him. As he never had told me a lie, I believed him. Later on, he had another woman and fell sick, after I had one more baby. We lived together for months, and then had a baby, and he started having another woman.*

Finally, she decided to divorce him, but chose to wait for another child since both wanted to have a baby. In the meantime, they had their blood tested again; this time, the result was positive. They

canceled their plan to divorce and continue to live together. Once she found out that she had the virus, too, and that her husband's girlfriend had left him, Sonida chose to stay in the marriage.

> *We could not divide our child. I wanted to have a child and he also wanted to have a child, so we waited to [divorce until we had] another baby to divide them equally...one for each of us. After we had one for each of us...he had this virus...that ended the idea of getting divorced ...stop talking getting divorced, and we started living with each other like that.*

Sonida's husband lived with the girlfriend for 7 to 8 months; the woman was 28 years old and her husband was 29 at the time. They met at a brothel and became lovers. Sonida appreciated that the girlfriend knew how to sexually please her husband while she used only simple position (man is above on the woman's body during intercourse).

> *Sonida: That woman [husband's girlfriend] knows how to please him better than me.*
> *I: What do you mean by she knows how to please?*
> *Sonida: For example, while they are sleeping together [refers to having sex together], they have more feelings than me and I know nothing, and they maybe know better than me.*
> *I: Both of them?*
> *Sonida: "Yes, before, we didn't know anything; a young girl and a single man. I knew nothing. If he had a bad behavior with girls [meaning premarital sex], then he knew how the girls should be in order to please the man, make him feel comfort and attractive. He said [the girlfriends] made him feel comfortable [during sex], like [they were] eating ice cream [refers to oral sex].*

When Sonida found out about the infection, she did not want to live any longer and became angry toward the husband who she felt had destroyed her life. She worked hard to make a happy family and be well-off, until her body felt used up. However, all her efforts led to nothing because her husband took his step-wife and contracted HIV.

> *I cried until my eyes were swollen, and I lost consciousness, as I became angry with husband, wondering why he destroyed me, and, on the other hand, feeling I shouldn't have this disease. I expected that, after we got married, we would work together to make money, to be rich. But we didn't become rich, as my husband was having another girl. I tried to make more money, until my body became skinny [refers to body wearing out], as my husband had another new girl. Before, we used to work hard together to have a good living condition, but later on, my husband destroyed it. What can I do now?*

Sonida's story represents what happens to these women's souls and to their identities as an individual.

The Loss of the Past, the Loss of the Future:
Life Journey of a Khmer woman before and after her HIV Diagnosis

Table 5. *Life Journey of a Khmer woman before and after her HIV Diagnosis*: A summary of Themes and Subthemes

The Loss of the Past

The Woman as Person: Absence of Oneself

Adhering to Traditional Khmer Family Values
- Being an asset of the household
- Love does not matter in a marriage
- Living up to family's and community's expectations

Fulfilling the Role of a Khmer Wife
- Being the family caretaker
- Being the faithful and trusting life partner
- Being an intimate partner in marriage
- Enduring undesired behavior in the husband

Becoming a person with HIV
- Found to be HIV positive
- Encountering HIV: accepting an unwelcome guest
- Going public: afraid of discrimination

The Loss of the Future
The Woman as Person: The Forsaken One

Undergoing Changes: "Changed a lot"
- Tolerating emotional pain: Hopeless, hopeless, hopeless
- Physically suffering
- Undergoing change in the interpersonal relationship: "The husband becomes a good partner"
- Experiencing changes in intimate relationship: doing less but more carefully
- Facing changes in social relationships: being perceived as an infected object
- Suffering economic consequences: work one day to survive one day

Moving on with Life: Big Losses, Some Gains
- Having hope to live
- Maintaining health: knowledge and practices
- Giving advice to others

> *I stayed at home, I did not know anything. I only stayed at home and looked after children. And for now it is like what I said before I advised him. It happened to him the same like I advised him…When he went to work, or came home from work, I prepared food for him, washed his clothes, ironed him a set of clothes [shirt and pants], prepared like this for when he went. In short, worked as women do, with housework… I know all, but then he gave me pain for everything, so let's go like this [ignore everything]*. (P14, age 37)

> *It is too miserable [to get this virus]. It is too cruel. This virus is too cruel. What things... Just felt miserable as I said... |laugh| Err, my husband has a disease like this, [we] won't have anyone to work to earn money for raising children and grandchildren. I just felt upset, that's all. We are too poor and don't know what to do; the rice-field was sold to pay for the treatment when my husband got very ill.* (P10, age 42)

Interview data and personal narratives from fifteen women were interpreted and revealed similar patterns with the experience of before and after becoming a person with HIV, and living with the infection as a Khmer married woman. The women talked about the events in their lives in simple, concrete terms, with minimal philosophical, social, or political reflection on living with the condition. This may reflect their level of education, as well as how I constructed the interview questions. The women used storytelling to describe their experience of being married before and after HIV diagnosis. Throughout the process, our team interpreted this information and arranged it in meaningful themes designed to capture the essence of the women's daily lives (See Appendix H for details on the coding and analysis procedures that were used). What emerged was an overarching theme of *The Loss of the Past, the Loss of the Future: Life Journey of a Khmer woman before and after her HIV Diagnosis*

The themes and subthemes are summarized in Table 5. The remainder of this chapter focuses on the major themes that were identified during the interpretive analysis. Exemplars are incorporated to provide a broader and deeper appreciation of this phenomenon. The term participants in the following sections refer to the women who were interviewed. Local Cambodian currency (Riel) and $ USD were used together in the market and in giving a salary (and everywhere), not requiring money exchange. The additional interview quotes supporting subthemes and categories that were not included in this chapter are presented separately (See Appendix I).

The Woman as Person; Absence of Oneself

It is so complicated... dishonest... When I got my husband... he is so difficult...I am ... horrified of the place [the situation]. My fate is unreasonable... I fell into being like this... I regret... every day...like, I have been good since I was young... I should not have faced a problem like this...(P3, age 48, HIV diagnosis 2002)

I followed my parents' wishes even though I did not love him., I lived with him because I had bowed my head to the mat [during the Khmer wedding ceremony, it represents acceptance to be husband and wife] and we had done the ptoem [ceremony during the wedding where the parents tie red thread around the hands of the bride and groom] with each other, and I already married him so I lived with him, and moreover my parents advised me that I needed to know to respect my elders, understand my husband's mind, and favor my husband's mind like this, so I just followed them and after that what I did before all like that no result and nothing. I should have done more. I wanted to say that I satisfied him, took care of him, served him, like food, clothes, took care of his mind and his liver [means making him satisfied], like that, but it was all finally useless, it did not get the results I wanted. (P14, age 30, HIV diagnosis 2003)

The loss of the past refers to the Khmer woman's loss of herself as a person –the person she knew before her HIV diagnosis. The women interviewed worked hard to fulfill their roles as Khmer wives before getting infected with HIV: Their experience of loss is captured in three themes and processes representing shared meanings and practices in their lives as women: (a) adhering to traditional Khmer family values; (b) fulfilling the role of a Khmer wife, and (c) becoming a person with HIV.

Adhering to Traditional Khmer Family Values

I followed my parents. (P14, age 37)

Cambodian women are expected to follow societal roles as instructed by their elders and mandated by the Khmer culture. The theme *Adhering to Traditional Khmer Family Values* defines how the women's lives since childhood followed traditional gender norms in order to be considered a good woman. Participants often repeated the phrases "as a Khmer woman" and "in the name of woman" when describing their lives. This theme involves three subthemes: (a) being an asset to the household; (b) love does not matter in a marriage; and (c) living up to the family's and community's expectations. A definition of the theme and the associated subthemes are presented in Table 6.

Table 6. Adhering to Traditional Khmer Family Values

Theme/Definition	Subtheme/Definition
Adhering to Traditional Khmer Family Values Ideas and actions followed to be a good woman within the Khmer tradition since childhood	**Being an asset to the household** Expectations parents have of their daughters' contributions to the household **Love does not matter in a marriage** Reasons and motivations of a woman in decision-making of marriage **Living up to the family's and community's expectations** Behaviors and attitudes a woman is expected to follow so as not to dishonor the family's reputation in the community

Being an asset to the household

> *We are women, so we have to do all those works such as cooking, cleaning house, washing clothes, washing dishes, and so on, and sometime I had to wash their clothes as well. They [boys] just know that they had to study.* (P13, age 28)

Being an asset to the household refers to the expectations of parents of their daughters. The expectations for daughters were different than those for sons. Daughters were regarded as an asset to the household: to act as additional hands for household chores, childrearing, and other duties. The participants spent much of their time looking after younger siblings and were the ones forced to drop out of school if their parents could not afford it. Meanwhile, their parents were willing to invest in their sons' education and to serve their needs forever. The roles of sons and daughters were determined by the family's value system. It was accepted that boys should have more education and deserved to be served by their sisters. If the family was poor, the girls were the ones to stop their schooling early on, but they often tried to self-educate. Since childhood, these women's education was considered unnecessary; they were consistently asked to give up their dreams as demonstrated by the following passages:

> *Let me talk about my story of studying. After class in the afternoon, I had my lunch, then I had to look after two cows, and I just walked them out. I took the opportunity to bring a book along. For example, before exams took place, I always read books in the rice field under the shadows of the bamboo and trees.* (P2, age 42)

> *I am the eldest one. Yes, when I was studying, I didn't quit by myself, but because our family living situation was very poor. I was the eldest, so I could look after the younger ones and had to help to do much more than my sisters and brothers. My mother asked me to stop going to school in order to look after my younger sisters and brothers.* (P8, age 33)

P13 herself explicitly stated the expectation she has of her daughter to become helpful for her parents but being ready to educate her sons. The gender dynamic seems to be passed from generation to generation, as P 13 treats her daughter the same way she was treated by her parents.

> *We love only girls. I don't love baby boys much… they [daughters] grow up very fast compared to boys so that we can use them faster. It is hard to have sons because we have to let them finish their studies, and we serve them forever...* (P13, age 28)

Love does not matter in a marriage

> *When I was studying, I first expected I would graduate from grade 12. I thought that until there was a man to engage with me. My mother used to say that, she heard people say there were many men following me or asked who loved me at school, so when there was someone who came to ask for an engagement then she said we could not delay it, otherwise, it would cause some trouble, as there are many men flirting with me.. That is what my mother said |laugh|. So she asked me to stop studying [at grade 8].* (P 5, aged 31 and grew up in a rural area)

Love does not matter in a marriage refers to the reasons and motivations of a woman when she considers marriage. Mostly, love was not a condition or requirement for a woman to get married or to stay in the relationship. Within Khmer tradition, getting married as soon as a woman reaches a sensible age for marriage is considered a developmental task in fulfilling the Khmer family values. Women in rural areas tend to get married at a younger age than those who grow up in a more urban setting. The average marriage age of this study's participants is 20 years old, with a range from 14 to 26 years old. In most cases, the parents arranged the weddings, and the women were expected to obey their wishes. Even though many of the women interviewed often had never met or gotten to know their fiancés before the ceremony, they married them as expected. Love was not expected. Of the 15 participants, three were still in school when they were affianced by their parents. Culturally, it is accepted that a girl should quit

school and marry a man if he proposes and her parents allow it, regardless of the girl's desires to continue her education. The idea of knowing and loving each other before marriage is not considered a requirement for a happy marriage in Khmer culture. Interestingly, P11's parents had been friends with her husband's parents before the children were born. During the hardships of the Khmer Rouge period, the two couples would promise each other that their children would marry, to serve as a reminder of what the couples endured together.

> *At that time I was studying. My mother and his parents wanted us to marry each other, but we hadn't seen each other yet. We both agreed with our parents' arrangement. After we married, we started loving each other forever,[but] at that time I was studying….we didn't know each other. My parents and his were friends since the Khmer Rouge period, and they used to promise each other that, when they had a baby boy and a baby girl, they would like them to marry each other, because it would remind them about the hardship they went through together during that period. That is why we got married…When we got married, he was over 20 years old, and I was about 10 years younger than him, so I was around 16 or 17 years old. I was too young.* (P11, aged 32 and grew up in a rural area)

P13 married at the age of 16 to a man 15 years older than her. She simply followed her parents' arrangement. She herself thought a woman did not need much education and stopped at grade 7 to get married.

> *Yeah, they [my parents] just said someone proposed to me, and they asked me, too, but I said it is up to them. If in the future it is wrong or right, [it] is theirs [their responsibility]…I just followed my parents who arranged that. I didn't feel anything at that time, as I was too young. I got married when I was 16 years old. Yes. When we got married it seems that we didn't love each other, but just knew that we had to get married. |laugh| But after getting married, we saw each other every day but still not in love, however, just lived together. Now we are living as normal, but I don't love him more than myself, no |laugh|…. Relating to education, in sum, I am a girl, so I had a lower education compared to my brothers, because my mother said that, since I am a daughter, I shouldn't study much, so I finished at grade 7, stopped studying, stopped studying and few years later, then I got married.* (P13, aged 28 and grew up in the city)

P11 shared how much she wished to study but had to stop at grade 5 because of her early marriage. After getting married, she received permission from her husband not to sleep with him until she finished grade 5 and to study English every day.

> *All of us had some study, but there is only me who had a lower education as I got married early. Only me who finished at grade 5, where the rest of my siblings, they reached higher levels, such as grade 10, 11, or even finished high school. For the time where we rent a house to live in, I*

> *didn't sleep with my husband, of course, because I was still studying, as I wanted to finish my grade 5. I asked him if I could learn English for an hour a day, he agreed. In sum, I love studying.* (P11, aged 32 and grew up in a rural area)

P9 married because people in her community looked down on a single woman. She declared that anyone who came to propose to her she would take as a husband, not evaluating him in any way although she recognized that it may be unhealthy to marry only with the purpose of changing one's position from single to married, in order to avoid blame by one's neighbor. Throughout the interview, P9 emphasized that she did not love her husband and never became loving toward him.

> *I had no love toward him, but at that time I came to work alone, where I met some people who looked down on me, as I am a woman and would be outside alone, which is not easy, so I came... Later on I said, whoever comes to get engaged to me, then I will immediately marry him, I stop selecting men now. When he [my husband] heard that, he came to get engaged to me, and then we got married according to our tradition. At that time I had no love for him, but he was in love with me, and after he heard it, he asked me to marry him.* (P9, aged 31 and grew up in the city)

P14 and her sister worked as beer sellers and neighbors considered them bad women and prostitutes. In order to not dishonor her family's reputation, she married a man she did not love. In Cambodia, not bringing disgrace to the family is a critical family value (Kasumi, 2006).

> *My parents also told me to get a husband because my younger and older siblings also worked like me. They wanted me to have a husband because the neighbors looked down on me. Like that - beer sellers, prostitutes, like this. So I followed their wishes. I also did not love him. At that time I and my old sister worked as beer sellers during 1980s and 1990s, both of us… and then neighbors said that [my parents] had two daughters and let them work as beer promotion girls, so we were not good women, srey kouch [bad girl], srey sampoeugn [prostitute], like this at that time.* (P14, aged 37and grew up in a rural area)

Interestingly, in the case of P12, her mother and she decided together that she should marry a soldier who had proposed to her. She believed if she did not agree, Communists would arrest her because there were soldiers with guns in the village at that time [Using P12's current age and her years of marriage for calculations, it was 1998 when the Cambodia first held elections after civil war].

> *Yes, soldiers were in the village. He also was a soldier, and he came to visit his older siblings, older foster sibling. I loved his appearance as a soldier. One went to help to do and other one stood to wait to surround to fight. All guns in everywhere, not like now… I was afraid they get arrested, and they wanted to arrest someone in the mountain and I was afraid, my mother said*

> *"Ouy! (expressing sadness)! Take him, I don't have power and we are weak "*. (P12, aged 40 and grew up in a rural area)

In the stories above, none of the women had any freedom in their choice of spouse, which in many cultures, is one of the most critical decisions in a woman's life. Parents did not ask about their daughter's willingness or feelings.

Meanwhile, many husbands of the participants chose their wives seeking them out and proposing to them. A man is raised to value his own feelings and opinions, and parents do not demand his obedience when choosing a spouse. In Khmer culture, it is a man's responsibility to save and prepare a dowry to successfully get a woman. The husband of P14 saw P14 during the Khmer New Year celebration and observed her for five months before proposing. He became loving toward her and then asked permission from her parents to marry her. Preparing money to marry her was his role. He was 30 years old when married her.

> *First, during the Khmer New Year, I played Chhougn, Angkun [traditional Khmer game played during the Khmer new year, where two groups make piles of Angkun nuts, then throw nuts at their opponents' piles], and he saw me for 5 months, and my parents betrothed me to him, but I did not love him. I never said that I wanted to love him, [have him] become my future husband. But he always followed me and he was betrothed to me, and I also followed my parents' wishes and agreed to marry him... He earned money by himself to marry me.* (P14, age 37)

First time the husband of P12 saw her in the field while both were tending cows. He liked P2 so helped her move the cow, cut the grass, and carry the grass to her home. He did not allow her to do any works before him but just let her sit under the tree. He loved her in this way for a while because it took him long time to prepare dowry. He was 32 years old when married her. In this culture, preparing dowry is a burden for a man and would be harder for a poor man.

> *Each of us went to tend cow and saw each other. When I went to tend the cow and I tied the cow somewhere, he told me to sit under a tree with other small children and friends, like this. But he did not allow me to move the cow, not allow me to take care of the cow and everything, just let me sit and play, and he went instead of me and took care of cow instead of me, and if he knew I went to cut grass at somewhere and he went to help me to cut the grass, and he carried it to my home. He just loved me but had no ability [to pay dowry] yet.* (P12, age 40)

Although participants became wives to men not of their choosing, the participants dreamed of happy marriages and hopes for their husbands. Most of the women hoped that their husbands would be forever faithful, as they were used to seeing many men have women besides their wives. This observance reflects that unfaithfulness is a common behavior for husbands in this society. To form a happy family, the women wished their husbands to work hard, to be rich and to have a marriage in which they understood each other.

> *I used to think if I had family, I wanted my husband not to know how to drink and not to know how to go have sex with other girls and in short, I wanted to know he is a good person for the future.* (P6, age 28)

> *We wished to have happiness and when we got it in our hands, then we preferred to have a house, as we were willing to have family rich, but what I most expected from my husband was his being honest with me.* (P9, age 31)

Money was regarded as a source of happiness. Some participants loved men who fulfilled their role as breadwinners, preparing the stable future of the family, having enough money for educating the children. The participants expected life to be better, thanks to having a husband.

> *My wish for the future was that he would be willing to work harder to make a better living condition, that's all my wishes, because I am…as I said, my life was poor since childhood, so after marriage, I would be able to see a bright future, where it satisfies enough of my feeling. When I was young, I had the family to help, and my struggles never left.* (P9, age 31)

> *Before I thought that women, once they got married, relied on their husbands, as we didn't have any clear job so our husband had a job where he can feed us, so we were completely rely on him. I wanted to have happiness.* (P7, age 34)

Meanwhile, P11 used to observe her father drink and beat her mother; she earnestly wished her husband not to commit domestic violence. Each woman had a different wish, based on the family dynamics in which they were raised; for example, a woman from a poor family wished for financial stability and a woman with a violent father wished to not be beaten by her husband.

> *I expected that my husband would not mistreat me, not beat me up, or when he came back from drinking outside, then I wished him not to hit his wife or children, that was all I was thinking about. I am afraid of that, afraid of my husband beating me up, but he never hit me. My father beat my mother up a lot, every time he went out to drink rice wine, then he always beat my mother*

> *up or us [children] up, and I hid under the tree… Sometimes after beatings, he also broke all the pots and plates.* (P11, age 32)

No matter what reasons participants had for getting married, all were faithful to their husbands after they were married. However, their hopes for similar treatment went unfulfilled. The women reported that, instead of their husbands being faithful and working hard for the family's future, they used any extra money to keep mistresses, ultimately bringing HIV home to their wives. The wives were left with pain, sadness, and broken spirits.

> *I never was happy. [He] made me hurt enough to die and during the past 15-16 years, I never had happiness, future, never have the word happy in my feelings or in my heart to make me excited, no. There is only sadness; nearly my chest torn and sometimes my chest were nearly jammed to die….! All that I expected failed to happen. It means, I want to say it failed that I hoped he would love me, and after, that he would earn money. Usually, a husband and wife earn money; keep it for the wife to raise children for the future…To be a good wife is also what I want, but it is just when he earns money to make me good…[otherwise] it is still useless*. (P14, age 37)

> *Before getting married…and when we got infected…in short, my married life, as I explained, we didn't have much happiness. I was married for 3 years, and within this three years, the happiness that we had was not the same as others, such as we were speaking, speaking together to find some reasons…and I….For my husband, he never speaks, so when I spoke, I feel that I was speaking alone…and when…I…when I couldn't have a baby for him, then he decided to go to visits girls outside; however, I didn't get angry with him*. (P9, age 31)

Of all the participants, P15 had the cruelest husband, one who beat her in any situation. He did not communicate easily and chose only to exercise his physical power over her. Throughout their years of marriage, P15 has endured violence as serious as having her head hit and being forced to stand outside naked. She shared that *"Sometime he beat me and took off my clothes then put my clothes in to the mud, after that commanded me to take my clothes back with my naked body."* Her life is miserable; she questioned how a man could be so different before and after marriage because the couple met in the garment factory and loved each other when they married.

> *No, I have never got anything from him beside hitting and fighting always. I have never been happy with him, I got nothing…When he was not drunk, he also didn't speak too much. He never talked. If I talked much, he would jump to beat me immediately. He didn't say anything and would*

> *also not listen to me. In short, he is very bad, and it is difficult to live with him. He is always looking for a reason to beat me.* (P15, age 30)

For some of the women, their expectations were almost met but the advent of HIV in the family destroyed their happiness. The adversity they have faced since contracting the virus goes beyond their imagination, far apart from their original hopes for a happy marriage. No one thinks of becoming HIV-positive.

> *I got 90% [of my expectations], but I am disappointed now that I have this disease. I am disappointed but I didn't let my husband know how I feel about it. If my husband didn't contract that disease, then I would claim that my expectations reached 100%.* (P11, age 32)

> *Yes, nowadays, I can say I am happy with it but I could also say I am not happy with it, I am feeling disappointed to have this virus, because I feel timid.* (P3, age 40)

Living up to the family's and community's expectations

> *At that time…my grandma told that, now I have become his wife so I must listen to him, whenever he speaks, I have to listen to him, and follow him. On the other hand, once I became his wife, then whatever he does, I shouldn't scold it, must be careful. If there was someone to hear that, we were shamed.* (P5, age 32)

Living up to family's and community's expectations alludes to the codes of conduct a woman is expected to follow in order to not dishonor the family's reputation in the community. Culturally, a Khmer woman's rights are minimal, and her status is determined by her husband. Before and during the marriage, the women's mothers and grandmothers gave them advice on the proper behavior of a wife within the societal traditions. This advice involved a woman's conduct in intimacy and a woman's need to respect a man's rights to be the decision-maker in all things. They also prepared her to be a good wife by observing other couples and sharing with friends. Doing housework and managing household finances were the main things that they had to know how to do and do well. However, the women should also discuss all matters of the household, such as needs and spending money, with her husband. Respecting her husband, following his lead, and not arguing with him were considered the right conduct of a married woman throughout the generations.

> *In short, my aunts, they told me that, if I wanted to become a wife, I at least must know how to prepare house, have an idea for keeping money, know how to save money, look after children, cook food and wash clothes, especially feed him and prepare a house like this. They said men, if they come and see our food, and it is not delicious, and we do not know how to prepare food, and the house is messy and when we get money and spend it all, get money and spend all, they would not love us.* (P6, age 28)

> *Khmer women, I wanted to say that Khmer women are simple in that we stay at home, so we must satisfy husband, as related to food, or sex, or anything else, we must fulfill it for him.* (P13, age 28)

For married women, freedom became more restricted. P7's grandmother advised her that she had to ask permission first from her husband, or ask him to accompany her.

> *After we got married, his grandmother said that I am married so I have to prepare myself as a married woman, and shouldn't go for a walk with friends. If they invite us, then we have to reject some. When we were at school, many had a habit where friends normally used to go out as group. But now, it is time where we should prepare ourselves and to follow our tradition.* (P7, age 34)

Interestingly, some of the women were given detailed advice from their mothers or grandmother about having sex with their husband. P5's grandmother worried about her granddaughter running away from her husband during the honeymoon and advised her to sleep next to the wall. Another participant was told that she and her husband should not turn their backs to each other but, instead sleep face-to-face. Elders in the participant's family perceived sex as something unpleasant but necessary to please one's husband.

> *And she prepared where I should sleep, I slept next to the wall then I asked her why [I slept next to the wall], grandma? She said that woman if she slept that side then she always would preferably be running away |laugh|. She said to me that 'I let you sleep next to the wall to prevent you from running away'. I said 'where I should run to because this is my room?* (P5, age 32)

> *They said that when we having our honeymoon; we shouldn't turn our backs to each other, and should turn face to face.* (P8, age 33)

Even though the law states that men and women have equal rights, P3 felt inequity.

> *In general, women's rights have only one day, it is on 8th of March.. Every year, during Women's Rights Day, I always go to the meeting hall. I say, rights for women have only one day, but for men 364 days.* (P3, age 40)

For P4, the authority of a man went beyond his financial ability, because she can be protected by her husband, simply by having his name. To her, no matter how much a woman earns and how much power she has, she cannot replace the role of a man. She understood that this is the reason why many women decide not to divorce and why widows are at an unjust disadvantage in the society.

> *He [her husband] is still bigger than me [even when I earned more income], as he is a man. He is the one who protects and looks after our family, but I don't have many rights; as I am a wife, my rights are smaller than his, he has rights because he protects us… Even if a man earns less money, he is still the one who has rights compared to his wife, as he is a man, he knows how to protect a family, I don't know how protect family, as I am a woman. They look down on us, for example, if I become a widow, then others will look down on us. As a couple, as my husband takes a stance, others people couldn't look down on us, that is why the husband has greater rights than a wife.* (P4, age 31)

P10 thought that a woman is supposed to live with a man until one of them dies. Only death can separate the couple. For them, once a couple forms, it must last forever, no matter what. This may become an even stronger obligation when the family has children.

> *In spite of bad or good, white or black, whatever, he is still my husband. I cannot go away from him |laugh|. When he went away and he came back, I didn't know what to do and we are still together.* (P10, age 42)

Another woman, P12, felt obligated to live with her husband for another reason. Her mother told her that she had to live with her husband well although she did not love him. The reason was that P12's mother couldn't afford to repay the dowry to her husband that her family received from him on the wedding day.

> *I did not love, but he is who I gave my body to and I need to live with him forever. Like my mother told me, that I took care of my husband and I must live with him well. She had no money to repay it [the dowry]. She said it like this*. (P12, age 40)

The Cambodian practice of dowry is unique. A bridegroom is responsible for putting together the amount of money that the bride's parents request. The amount depends on the bride's family's wealth, their position in society, and the man's ability, and can be negotiated between the families of the bridegroom and bride. From my observations, it is be about $1,500 ~ 2, 000 USD for a poor family, and

can be over $20,000 USD for a wealthy one. For a poor man, it takes years of working to save the money for the dowry of the woman he loves. The dowry is used for wedding expenses; anything remaining goes to the bride's parents. The function of the dowry practice in Cambodia is not well-studied, and only P12 mentioned it. Conceptually, a man working to prepare and offer a dowry to a bride's parents is interpreted as a man who is accomplished in his job, thus 'earning' the woman. In one way, it can be interpreted as parents selling their daughter so the bride has to obey her parents' wishes and follow the husband they arranged for her as shown in P11's statement: *"As soon as the wedding finished, then they gave me to my husband. My husband was then the one advising me, because my parents let me live at my husband's side."*

Likewise, when living with a man forever, a woman must be monogamous. P1 understands that unfaithfulness to a husband is considered shameful, a dishonor to the family that can never be forgiven by society. On the contrary, it is reasonable for a man to divorce his wife but unacceptable for a woman to request a divorce from an unfaithful husband.

> *For us, as being a wife, then we have no rights. If we dare to do something which is unfaithful to our husband, we would have trouble then. Men can go out with no problem because they have money; they go to play with girls outside and consider that there is nothing that happens. A woman, if she is unfaithful to her husband and becomes pregnant, then she faces shame within her village. An unfaithful wife is bad. It is normal for men to divorce if women have many mistakes.* (P1, age 39)

Regarding sexual intimacy with husbands, most women interviewed were depicted as passive and disinterested in personal sexual pleasure, which is the normative expectation of sexual behavior. They believed that a woman should not ask for sex first and not demonstrate intimate behavior in the presence of parents.

> *Asking for sex from husband is not right for women because we are Khmer. We must not agitate about such thing but must control our consciences |laugh|.* (P4, age 31)

> *Our women, we are shy when having sexual desire so we don't dare to… Women talking about sex are bad as she easily receives influence of others cultures [not Khmer culture].* (P7, age 34)

The possibility that any of the participants sought sexual pleasure in their marriage but not disclose it, is unclear from the interviews. What is clear is that such behavior would be inconsistent with the expectations from the 'ideal" Khmer woman.

Instead of participants expressing any words that refer to sex, they would describe their husbands initiating certain behavior when they wanted sex, such as fondling, hugging, sleeping closely, and saying sweet words. The participants usually could recognize the meaning of such behaviors of their husbands when the men wanted sex such as, and this was considered very normal to study participants.

> *When he wants to have sex is when he comes to find me and hugs and kisses me something like that. That is when he wants it, and when he does not want, he just turns his back |laugh|) frankly speaking, he just turns his back to me.* (P13, age 28)

> *Before having sex with me, he has a feeling to make a joke with me and touches me |laugh|, playing and touching our hands and legs. Then I notice that he may have the feeling to be with me.* (P7, age 34)

Fulfilling the Role of a Khmer Wife

> *Our roles, we have the roles to please husband, take care of children, and look after family from both side. We have to pay attention to them, what are their difficulties, what do they want in mind, that are our roles. We have to make sure that we prepare enough foods for our husband and children, and either do they have enough cloths to wear on.* (P9, age 31)

Once the women formed a family, they made a concerted effort as a mother and wife to fulfill societal expectations of being a Khmer wife. The second theme *Fulfilling the Role of a Khmer Wife* refers to the women's experience being as a wife of a man in ways that were consistent societal norms, regardless of the man's HIV status. The participants were supposed to obey and trust their husbands in any situation, so that they often did not consider themselves as a separate person with their own voice. To do otherwise would risk criticism and isolation from society. The women did not take time for themselves and instead filled their days with housework, caring for the family, and taking part in making money to support the household. Many women regarded a husband's infidelity as a one-time occurrence, due to pressure from his friends, and believed that he loved only his spouse. It was of primary importance that a neighbor did not hear any disagreement between husband and wife, because it would bring shame to the

family. Thus, women did not argue with her husband's objectionable behavior, and they tried to please their husbands by avoiding behaviors that made their spouses unhappy. In contrast, their husbands rarely listened to their wives and did not hesitate to do as they wished.

The theme *Fulfilling the Role of Khmer Wife*, involves four separate subthemes: (a) being the family caretaker; (b) being a faithful and trusting life partner; (c) being an intimate partner in marriage; and (d) enduring the husband's undesired behavior. Many parts of the descriptions of these subthemes are consistent with the Khmer family values discussed in the prior theme. A definition of the theme and subtheme, and their subcategories are presented in Table 7.

Table 7. Fulfilling the Role of a Khmer Wife

Theme/Definition	Subtheme/Definition	Category
Fulfilling the Role of a Khmer Wife Women's experiences while living as a wife of a man with efforts to stay within the societal norms	**Being the family caretaker** Efforts made to accomplish a woman's role as a housewife	
	Being the faithful and trusting life partner Aspects and behaviors of a woman in interpersonal relationship with her husband	○ "I trust him, all in all" ○ No arguments!
	Being an intimate partner in marriage Perspectives and experiences of a woman and man on intimate relationship of the couple	○ "It is his business" ○ "I am not a prostitute but a Khmer woman" ○ "No one eats sour soup every day." ○ "Sex is not play to enjoy but work demanding energy"
	Enduring undesired behavior in the husband Husband's behaviors that a wife hoping not experience in her marriage life and enduring emotions that result from the behaviors	○ Living for only his happiness ○ Taking a wife for sex; to be served in bed ○ Engaging in risky sexual behavior outside marriage ○ Engaging in risky sexual

	behavior in the marriage o "I said to him ten words, he did not listen to me even half of my words"

Being the family caretaker

> *"My role is to stay at home and look after children; wash clothes; take care of things at home. I want to help him; I want to do any job that makes money to make my husband happy"* (P4, age 31)

Being the family caretaker refers to efforts made to accomplish a woman's role as a housewife, most likely relating to the job of the wife to be the family caretaker. Taking care of a family as a wife and mother may be considered normal in many societies. However, this role of woman-as-family-caretaker was relatively much emphasized in interviews as a requirement to be a good wife. All of the participants discussed their duty to spend their time completing housework, looking after the family, and acting as the head of the family if needed. For example, most participants talked about her role of understanding and serving her husband's needs by cooking timely meals and preparing clothes and colognes for his parties and work.

> *Respect at meal time. When he gets back from work and is exhausted, I prepare water for him to drink.* (P10, age 42)

> *Yes, cook rice for him is the first point, and skim rice and pack rice for him, like this. Skim rice into Kato [tool to pack food] and grill meat or fish, fill hot water into a bottle for him for work, and I find his helmet such as when his helmet is at this or that, I tell him to take it to wear…. Wash clothes, iron clothes for husband to keep him. When my husband went to join wedding ceremony like this, I started to iron clothes for him, tell him this clothes it is suitable for him, and shoes to prepare for him like this*. (P12, age 40)

P1 wanted to show her love toward her husband by fulfilling his needs.

> *I prepared things for him such as cooking rice, having food ready for him, preparing his clothing and purchasing some perfume for him, so that when he goes to work, then he feels just perfect, that is proof that I love him and he knew that I love him too*. (P1, age 39)

Another woman, P6 wanted to get credit for being a good wife from her husband. She was proud of herself in fulfilling her husband's expectations as his spouse and believed that her husband was satisfied with her.

> *In sum up, since I married him, I have never displeased him and he never said that I am not such a woman. And I ... my house work, I did well. I never made him say that I am the wife who does not know how to take care of children, does not know how to keep money, does not know how to look after a house, and when I do anything, I need to talk to him first.* (P6, age 28)

Participants also felt an obligation to earn money for their households if needed. They worked all day long in their endeavors to earn living rather than financially relying on their husbands. The women became a part of the farm labor or worked in the rice fields, or sold something in the market during the day.

> *And in the evening, after I rest for a while, I carry digging spade to the farm field, like this.* (P12, age 40)

> *I used to harvest, plough the rice together, then do this and that [do many things] to harvest in order to get money*. (P15, age 30)

> *And books, also, I never read. In the early morning I go to the market to sell until 5 pm.* (P14, age 37)

Another woman expressed her wish to help her husband in any way possible. She feels pity for him, working tired and alone, and regrets her inability to help him with his burden.

> *I want to help him [in his work] but do not know what to do, and do not have free time to do it. I do want to do any work to make my husband happy [work that can earn money] when... my husband comes back from work, when we do not have work to do. So when husband comes, he is tired...earning money alone, it is hard because of having many children and they are sick*. (P4, age 31)

P1 shared her burden of becoming the main breadwinner because her second husband is disabled and cannot work at all. She earns $60 USD monthly as a sewer and pays $20 USD per month in rent. She shared many financial difficulties and hardships that she faced in her life throughout her interviews.

> *It depends on family. I am heavier [carry more burden] because I am earning income alone. For other families, their husbands are the one who make money and their wives just stay at home to look after children so that the husbands are carrying a heavy burden, but in my case, I am the one who carries it. Someone who is earning money outside is the one who faces more difficulty, very difficult. The inside person [meaning the person who stays at home] they don't think about it, but they just take care of the children from not crying and if they [children] cried for money, then they just comfort them and feed them with the cooked rice which left over from the previous meal. Same heavy [burden] but I think that it is lighter than for the person who is making money outside, this I talk about work. If we talk about mental pressure then the one who stay at home is much more difficult [has a heavier burden]*. (P1, age 39)

One participant married a poor man and had to start with little funds. Her husband and she strove to save money by doing two jobs each, working to feed the children and make the household finances stable. Another job of her husband, driving *motordup*, is a popular job among men in Cambodia, where it seems everyone has their own motorcycle. It does not require any official certificate or permission. From my observations, they earn $2.5 ~ 5.0 USD per day, depending on the number of passengers they meet and the price negotiated for a ride.

> *When I got married, I had nothing with me, only a small salary from solider career. My parents, they are also poor. After getting married, I helped them pay for my wedding expenses, by taking some of my minor salary to pay him off, and my mother-in-law, she introduced me to the job as solider, so both of us tried hard to make and save money. After working office hours, he took time to drive motordup [taxi service using a motorcycle, a popular transportation for the public in Cambodia], in XXX.* (P2, age 42)

Being the faithful and trusting life partner

> *When he wanted to go to a bar, I allowed him. He wanted to go to Karaoke, I also allowed. I always allowed him. I trusted him, all in all. If he betrayed me, I didn't know what to do too. If he wanted to go, still I could not tie his legs because we were not 24 hours with each other. He worked from morning to night. He may have done something with other girls outside.* (P1, age 39)

Being an intimate partner in marriage refers to the perspectives and experiences of a woman and man on the intimate relationship of the couple. This subtheme consists of two categories as described in the following section.

"I trust him, all in all": Women interviewed respected and trusted their husbands' behavior outside home without questioning. They believed their husband would think and behave reasonably. If he did something wrong, there must be an understandable reason. All in all, women had a strong confidence in their husbands' judgment. When P2 was told by her husband that he went to seek other women just one time, she believed him and she also believed that he went because of his friends put pressure on him to go.

> *P2: He was in another province, and I was far away from him, so his friends persuaded him.*
> *I: So he followed his friends.*
> *P2: Yeah, he said he followed his friends, but he did not want to.*

P11 believed that her husband's visit to the brothel was just like using a service of a public business since the sex worker is paid openly. She did not worry that her husband would love any other woman except her.

> *I believe my husband's mind. He does not love any other [besides me]. It is just that when he sleeps with others, he gives money to them. Like the brothel, they are open for business like this. If he loves others or any one, he does not do like this.* (P11, age 32)

Another woman, P6, when working with her husband in a factory, noticed he had many girls and was popular among the girls since he was a teen. But she was confident her husband was sick of women and stopped going out after marriage, and that he was honest to his wife.

> *I worked with him. When I got together with him, he worked at the factory. Before and after we got married, we worked at the factory. He had many women who loved him, and the women who agreed to sleep with him at his place, but he never looked at them. He said that he used to have many girls since he was 14 or 15. And now he stopped do like this anymore.* (P6, age 28)

P2 believed that a couple who loves and trust each other should not use condoms because in her mind, wife demanding that a husband uses condoms doubts her husband's faithfulness. Unfortunately, her trust in her husband led to her being infected with the virus; *"Oh… it is because I have trust in my husband, having sex without using condoms. It is because I love my husband and trust him."*

In fact, most of the participants did not know about their husbands' sexual behavior outside the home. Women were usually busy with housework and taking care of children. When the husbands came back home, there were no talks about what they have done during the day. The wives often were more interested in discussing family matters. Besides, investigating the husband's behavior was not considered appropriate behavior for a wife. Sometimes, however, the news of husband's infidelity was brought by neighbors to the wife.

> *Yes... Usually I do not know...I still...leave the work, stay at home and look after my children...at night...at that time he leave his workplace...sometimes he worked as motordop driver... sometime his boss call him to eat with him like this...he goes with his boss so I do not know.* (P3, age 40)

> *I didn't know either. I just stayed at home and didn't know much about him. But I heard my friends said that he usually had girls outside. They went out and had other girls and spent money. And I stayed at home, depending on him, if he gave me money, I have food, but if he didn't give, I won't have food.* (P15, age 30)

No arguments!: Having noise leak through the walls was considered shameful to neighbors and family members living in the house with the study participant. In every way, the women felt, they should avoid arguing with their husbands believing that marriage is for life, even with HIV. It may be normal to have disagreements between couple, as P9 pointed out in a borrowed proverb, "*plates in a bamboo basket for dishes, it always touches each other."* However, there was no room in the marriage for women to express their judgment, emotions, or personal soul. Being quiet and following their husbands' decisions were the best ways to have the reputation of a good wife. Women shared their wisdom for solving conflict and understanding their husbands' personalities, like walking out when a spouse gets angry and coming back when he becomes calm. Later, the women shared, they can use sweet words to explain why her ideas are good. This was found to work for many of the women in some situations. But on the whole, women were trained to be patient and to never blame the husband.

> *I am his wife so I shouldn't argue against him, as it leads to conflict. On the other hand, when we are having disputes then we should be patient, no answering back, if we just answer or fight back with him, then the dispute will get longer and longer, so we have to restrain ourselves. When having problems, being a couple, we cannot avoid all fighting, but we have to follow him, like if a husband wants to have sex, we shouldn't refuse; normally, a man getting angry, such as after being recently married, and it's problem, like to test us, if we used to have a boyfriend before getting married; When I follow his wish, he is happy. Do not go against him, so husband and wife will not argue but look after and understand each other*. (P2, age 42)

In a serious case like P11, she asked her husband to fulfill his sexual needs elsewhere when she could not. It was not from the bottom of her heart but from the fear of her husband's anger as she confessed that *"I want my husband just to love me."* The fear was from watching her father beating up her mother when she was young. Hence, instead of attempting to persuade her husband to silence his desire for one night, it was easier for her to let him go out and sleep with another woman. She even gave him money to pay for the prostitute. It seemed her wisest to not agitate her husband's emotions.

> *When my body energy cannot support it or go on, then I ask him to sleep with a girl outside. I don't say it is not necessary; don't argue with each other, no. Even though my heart doesn't want that [doesn't want husband to sleep with girl outside], however, I have to let my husband do that; I was afraid that my husband was angry with me, so I just allowed him to sleep outside. In short, I was afraid of having arguments with each other because when I was young, I saw my parents argue with each other. I was so afraid because my father hit my mother like this. I was*

> *so afraid. I was afraid since I was young. When I saw my parents like this, I was so afraid.* (P11, age 32)

P11's action may show the intensity of how much a woman can be afraid of facing her husband's unpleasant emotions. There is only "the husband" not "the wife" that appears to matter in a couple's relations.

The victim of her husband's ruthless violence, P15 did not care about what husband was doing. If he did not beat her up, that was totally fine with her. She already knew that the husband ignores the wife in everything and did whatever he wanted to do. If her husband did not give her any money for food that was also not a problem, as long as there was no arguing or violence.

> *I am patient. When he comes home I want him not to make an argument, so it is fine. If he goes out, he just goes. I accept, if he comes home to make an argument, he can go out. Yes, if only he takes care himself and not causes problem at home, that is enough…I don't feel anything. If he goes, he exactly goes, even if I forbid, he does not listen. Even if I try to forbid him and make him stay, he causes an argument with me, so if he wants to go and I forbid it, he will hit me and make argument immediately. So I just let him go; after he comes back, I pretend I'm ignoring it. I admit to tolerating, as a woman, woman has to tolerate*. (P15, age 30)

In order to avoid an argument, other participants evaded whatever caused their husbands to be unhappy. Nagging, using bad words, hanging out with friends, and making mistakes such as preparing meals late were not acceptable to the husbands.

> *What makes my husband….for example, he does not care about me when I make something he does not like. For instance, I gossip about someone, hang out at friends' house too much and something like that. He does not allow me to go, but I still go, so he is not happy. He is not also happy when I talk about other things, and he is jealous. He does not like bad words too. This is my husband's view.* (P1, age 39)

P1 also shared how she learned to handle her ex-husband's mischievous behaviors. She used to blame and curse her husband with bad words but her husband did not respond at all. She learned that she should have forgiven him and still acted in a good way no matter how the problem was serious. She believed that only that way would change the man.

> *About my ex-husband, I used bad words to him. I most of the time got angry with him that he betrayed me and went to another girl. Whenever he got home, I cursed him until he left me that I finally realized that doing so was not right because if we want to live with each other happily,*

> *we must understand each other. No matter how wrong he is, I must forgive him, and say something nice to him. He will change.* (P1, age 39)

Being an intimate partner in marriage

> *If I talk, if I use the word satisfying him during sex with him, I find it difficult, talking about it. It is up to him. For, satisfying, I follow his passion. He satisfies himself. For me, I do not know about this language |laugh|. If it is his passion, and if he wants it, it is his business. It depends on his energy that he can use, it is his business. If I want to find satisfaction for him, I never like that he comes to fondle me and ask me for it [sex], and I provide it to him.* (P9, age 31)

Being an intimate partner in marriage refers to the perspectives and experiences of a woman and man on the intimate relationship of the couple. This subtheme consists of four categories are presented next.

"It's his business" Being a good wife involved obeying the husband's attitudes towards marital sexual relations. When the husbands of participants initiated intimate behavior for sexual intercourse, they fulfilled their needs. Many participants did not pay much attention to sexual matters in their married life. There was only his desire. There was no her desire. It was his business, and everything was up to him: *"All in all, he does anything; it [having sex] is up to him. I do not know. Yes, he can touch anywhere that he wants. It is his business."* (P12, age 40) The women referred to their husbands' desires and wants every time they spoke of sexual intimacy

Whether she had the same feelings or not was not his concern. It did not matter if the wife was not in a good mood; she had to be ready to serve her husband's sexual desires whenever he wanted. P3 used phrases like "we are women" and "in the name of woman" to stress the fact that this was a woman's fate, participating in unwilling sex. If her husband was happy from the release, it was enough for her.

> *P 3: For me, I have no feelings, but our husbands do. However, I cannot escape it, we are women and we are wives, then we just cannot escape or avoid it if our husbands have feeling for sex.*
>
> *I : What do you mean by "we are women"?*
>
> *P3:"Women" here means we are married women. We cannot evade sex, even though we don't want it, but our husband does, so we have to follow him then. In the name of woman, if our husband wants to have sex then we cannot avoid it.*

In case of P11, she shared that she did not ever tell her husband honestly things like: *"I am bored, I am sick of sex"* or *"please endure your feeling"*

> *For me, I never think about having that [having sex]. In sum, I felt fed up with that, but don't dare to speak with husband, whenever he wants, then I agree with him even though I don't want it.* (P11, age 32)

The women followed their husbands to avoid arguing over sex matters in the family. Going against the husband and making him upset were embarrassing and dishonorable for the wife; however, this stance may affect a lot of a woman's behavior and judgments in family matters. The women assumed that, although they argued with their husbands, it would be useless because it would end up his victory in any ways. Therefore, when P14's husband wanted sex two times a night, it must be two times, no matter how the wife feels about it.

> *If this case happens to me, I agree to give in to him because I do not want to make it become an argument with each other. We have been married more than 10 years; I do not want to have an argument*. (P11, age 32)

> *For a man, when he wants, he wants to have sex; I must give in to him. If he wants it, I give in to have sex with him. If I do not, he will make problems with me. His desire, when he wants to do anything, he will do it. His desire is like, that he wants us to have sex, for example, 2 times one night, it must be 2 times. If I do not give, if I do not give, he will argue with me. He will argue and hit me.* (P14, age 37)

It is not well known what makes these wives fear having conflict with their husbands. One reason could be the advice from their mothers and grandmothers that a modest wife should be quiet and obedient. Some may fear physical violence, having seen it between their own parents. In P15's case, her husband beat her to unconsciousness when she did not feed his sexual desire as he wanted. These external forces may prevent a woman from developing skills to articulate her opinion and negotiate her needs and wants.

P9 tried to study what her husband liked during sex and fulfilled it because she was afraid he would otherwise see another woman. The tie between the couple seemed weak and could easily break.

> *Referring to myself, sex is…as I told you…my feeling is normal, but I have to find out and understand his feeling such as what he wants, then we have to fulfill his feeling (pause). For my heart…if he wants then I want too, otherwise, if he doesn't want something then me neither… As he wanted….my purpose is that just to follow what he wishes for. He raised me, whether he wants*

> *it or not is depends on his desire, he doesn't speak, and doesn't tell, but if he wants then he must follow his desire, so just let it flow through the air.* (P9, age 31)

I am not a prostitute but a Khmer woman*:* The women interviewed insisted on having sex in the traditional position because using different positions is not regarded as appropriate for a good Khmer woman. Using sexual words, learning a new skill, sharing about sex with one's husband are not comfortable to deal with issues for Khmer women. The women did not dare to talk to their husbands about sex because doing so violates social norms: "*Sometimes I want [sex], but do not dare to tell him. Firstly, it is because of our Khmer culture, and I am a Khmer woman like that, so do not dare to call him."*(P13, age 28)

In meeting their husbands' needs, the participants reported having sex only in the "normal" position. Throughout the interviews, the "traditional way' or 'normal position" referred to the "missionary position", which is a "man-on-top" sex position usually described as the act in which the woman lies on her back and the partners face each other. Sexual techniques that may enhance the joy of intercourse were not used by married women. For example, one participant stated that oral sex is disgusting and putting her leg on the husband's neck is painful. She refused to do like the prostitutes or sex videos. Learning new sex skills was not of her interest to her and she felt shy doing it. However, other couples had different practices. Some husbands would watch sex videos with their wives and then ask that they follow it. Sonida tried to raise leg one time, but the position made her vagina hurt, and she stopped doing it: "*He lifted my leg up and it was very painful like pouring water on my vagina"* When her husband asks for oral sex, Sonida refuses:" *I told him my mouth is for eating rice and should not do like that and that thing contains a lot of viruses."* Some women do not know at all what to do to satisfy their husband and feel shy about their lack of knowledge.

> *Usually, I use the natural position, but my husband would like to use difference styles, I told him not to speak to me about that |laugh|, just naturally is enough. I told him, if you visit sex worker, then you can use whatever you want, I don't want to hear any coarse or pornography words, and I don't want to know about that business, as I like what is as usual, no need to apply any style.* (P2, age 42)

> *The Khmer women do normal, we don't know so we cannot do like others, they know. But there are some Khmer women who learned to please men such as sex work women, they do like that. That's why they can get our husbands, because they know better than me. We didn't know much, we just stay at home, taking care of children, and we use only normal style during sex, not like them, so how come we know that. We are Khmer women; we don't use a style such as eating ice cream [oral sex], but we just have normal sex. That is Khmer woman.* (P4, age 31)

Sex was something that needs to be quietly done in a dark room without conversation. Sexual activity can also be regulated by the couple's environment. P6's couple was not only silent during sex but also turned off the light because of the shyness toward each other.

> *No need to talk. In short, I also am shy. He, he is also shy like that, frankly speaking, like that. When he slept with me, he turned off all the lights, shy, afraid, and I also am shy. Not only is he shy, no, but also me too. Even light a lamp on, I did not allow*. (P6, age 28)

Some participants reported a lack of knowledge rather than a lack of sexual skill. P12, who finished grade 4, did not know much about sex and pregnancy*; "I do not know. I just have sex with him and when my menstruation disappears, and then I know I'll have a child"*

It was clear in that the participants differentiated between 'wives and sex workers' sexual skills. They are proud of themselves for not being prostitutes, selling their bodies to earn money and following all the demands that men make, like becoming a slave. Sex workers' sexual expertise is a given, as it is their business. P6 said if a Khmer woman follows the way of a woman outside, she is a cheap girl. Not practicing skills like oral sex allows married women to keep their dignity in a way that prostitutes cannot do because of their need to survive.

> *I think that if our Khmer women let husband do like this as karaoke women, I don't know others' mind. For me, I do not do cheaply like this. Even though a husband wants anything, no need to raise legs or hand*. (P6, age 28)

Stories from the beginning of the women's marriage offer an understanding of what sex is like for a newly married young woman full of innocence, ignorance, and fear. Sex on the honeymoon was not something enticing and exciting, but instead something to be feared. P12, who got married at the age of 15, protected herself by tying all ropes on her pants in many layers and warning her husband not to touch her. She had heard that sex causes death. On the first night of marriage, they fought because her husband

hit her. When he then hugged her, she took a plate and hit his head, injuring him that night. From a rural area and with only a fourth grade education, P12 was very ignorant about the human body. During the interview, she admitted that "*just now I know that the hole for piss and the hole for delivering a baby are different*." She cried a lot when she found out she was carrying twins and wondered where the babies would come out of her body.

> *I tied ropes on my pants and at that time I did not wear a sarong and robe like now. At that time, I just wore pants and pull the line at the waist of my pants and tied the rope to my waist for several layers until it is tight |laugh| and I told him that "if you want to hug me, you can, but you do not need to undress my pants. You can touch me anywhere you can." I was afraid of dying, no afraid or angry, but at that time I was stupid because I am afraid of dying because I heard that raping causes death* .(P12, age 40)

P13 was 15 years old when she married and 28 years old during her interviews. Not being oriented about sexual matters at all before marriage, she wore three pairs of trousers to protect herself. A week later, the husband attempted their first intercourse. P13 had to endure it in silence because they lived with parents and other relatives.

> *On the first night of marriage, I wore 3 pairs of trousers, and he said why you do you wear too many trousers? I said I don't know and I just want to wear, I didn't know anything at that time, didn't know about that stuff [sex]. After a week he got sex because he told me that we didn't have feelings of love for each other, for we never knew each other… I dared not to scream or say a word. I was embarrassed with my parents and relatives at home.* (P13, age 28)

P5 married at the age of 24, a bit older than the other participants, and delayed the first time for intercourse for four or five days. Each time her husband touched her, she suddenly stood up, making him impatient. She was afraid of pregnancy and the pain during labor that she had heard about from friends. Her husband consoled her, saying that it is a normal process for all couples. When they visited his homeland, her husband attempted to have sex while P5 was deeply asleep. When she found out, P5 took a bath to clean her vagina, thinking that, if her husband had really had sex with her, then he'd left his sperm inside her, which she considered dirty.

> *The fourth day after we married, we went to visit his homeland. There I cannot be lazy like at my side [of the village]. I washed dishes, washed pots and didn't dare to have a nap during the midday, because I was afraid people may gossip about me. At night, I fell asleep. When I woke up,*

> *he had taken off all my clothes |laugh|. I wasn't aware of that, and then he lied to me, saying he has already had sex with me, but, in fact it is not true. I said to him that I fell asleep but it doesn't mean that I didn't know what happened to me then he said you known nothing, it is true, I had sex with you, he said |laugh|. I was scared and left the bedroom and went downstairs. At the siblings of my husband homeland, there is no bathroom. I took the bath during the night. I put my fingers into my sex organ but there was no pain at all. People said that when we had sex then there may some pain and trauma, like that. I went up and kept asking him if it was true or not, as I still had some doubt on that, but he just laughed. He saw me take shower and he asked why? I said I hate that very much so I have to clean up. He said he does not allow me to avoid it tonight.* (P5, age 32)

The husband of P11 was kind, waiting as much as one month after marriage until having sex for the first time. He drove P11 to school to study English every day. However, once he initiated intercourse, he insisted on having sex three times, in the evening, mid-night, and early morning. It was painful to her vagina, assuring her husband she was a virgin.

> *I continued studying my English, one hour per day in the evening. My husband drove me to school, so I started sleeping with him one month after we got married.…The first day where he had sex, we started our first time in the evening, at mid-night did it again, and early morning did it again, so that night/day, we had sex 3 times [on the first day] and every day for more than a week. I felt tired, and I couldn't walk. My vagina hurt, hurt everywhere. He said that...because you are virgin girl that is why you got some pain [during sexual intercourse] but it will be normal as long as we do it. He said that.* (P11, age 32)

P11's source of sexual information was her husband. He attended school up to grade 9 and worked in a garment factory with P11. She asked her husband about the location of the uterus and why people did not allow her to carry heavy water during menstruation. P11 believed her husband was knowledgeable because he had more education than she. She finished grade 5. Depending on the husband's knowledge about a woman's reproductive anatomy and sex matters makes it less likely a woman would know how to protect herself from sexually transmitted infection or disease. In a worst-case scenario, if the husband tells his wife that there is no need to use condoms between a husband and wife because they love each other so much, the wife trusts him and agrees not to use protection.

*"**No one eats sour soup every day."*** A popular proverb in Cambodia "No one eats sour soup every day." refers to accepting a husband's infidelity as normal.

> *"As I said, no one eats… sour soup every day; he sometimes wants to go outside [to find other women]."* (P15, age 30); *"Who is bearing to have always sour soup, better goes to take fried or boiled cuisine to let my mouth have strange taste, he [her husband] said like that."* (P1, age 39)

According to the proverb, a man cannot be satisfied by only one woman, his wife, and seeks different flavors of sexual pleasure. He is subject to boredom from having sex with the same woman and in the same style. In a business concept, customer can get what he wants to get if he pays. It is like a man eats his favorite dish outside that the wife is not able to make. However, the dish is subject to containing poison, which can be fatal. Therefore, his wife warns him to take toxicities because she would know more about cooking and its danger. Unfortunately, the man is addicted to the delicious foods and does not care about his wife's advice.

The participants accepted their husbands' ongoing sexual desire as normal. In admitting that P9's husband was having sex with another woman, the wife had confidence in the depth of their love, saying that he would never forget his wife and eventually would come back home.

> *As a wife's feeling, I don't prohibit him, because human beings, when they eat sour soup every day, they always would like to change to another dish, so let him change that. Human beings need something new, as they may get bored. Normally, I say that if he wants to change a climate then he can go, but usually, he never forgets his wife*. (P9, age 31)

The above stories illustrate how social expectations different for men and women, and how it increases the risk of exposure to HIV among men and eventually to their wives.

P2 was not angry that her husband slept with other girls when he was far away from home for a long time. And her husband told her honestly that all of his friends also had sex with those girls. P2 felt pity for her husband, living far from her and enduring sexual frustration*:" I was so far away, so there is nothing to say because he already slept with other girls. When he told me, I just stayed calm, and did not get jealous."* For P12, husband's infidelity didn't cause her jealousness or anger as she confessed that she didn't know how to love a man and how to be jealous. She said, *"I am never jealous and I do not know how to love my husband. Frankly speaking, I followed my parents for this marriage. I got married when I was 16 years old"* It seemed she didn't have love feeling toward her husband as much as to be jealous of

his love. In addition, she also felt pity for her husband when was far from her and could not have sex from her. *"I think that he separates from me so he does not have it (sex) and I feel pity for him."*

Another woman, P5, even felt happy to sleep alone, without disturbance from her husband, when he went out. She did not complain, instead gave him some money to pay for the girls.

> *I was not jealous or angry with my husband when he said that if I didn't sleep with him, he would have other girl, but I felt happy. When he went out that time, I always felt happy when he went out. Because he didn't sleep with me, and I didn't want to sleep too often with him, so when he went out I also gave him some money. I said, in order to hurt him," Here is the money."* (P5, age 32)

Miserably, P9 had a different reason for not banning her husband from having girls outside of the marriage. She was barren and stated, *"I used to tell him like this, even his girl I knew he had, but I cannot ban him like that (pause) I find it difficult to speak. I do not have a child."* She never interrogated her husband's behavior, whether he had visited another woman or where he went to drink. She felt shame for not accomplishing what she saw as her wifely role and producing a child for her husband, so she felt she could not voice her side. In addition, people have shared their wisdom to the participants, saying that if a woman wants to forbid her husband going out, she should not oppress him too strongly. *"The folks always said that, if you wanted to keep the rope then you shouldn't be too tight with it, otherwise it is easy to cut off or break,"* explained P9.

> *Why does he need to make money when we do not have children? So he was overjoyed and followed his friends, who always asked him to go out. I couldn't stop him, but I told him to protect himself. Later on, his girl outside found that we didn't have any baby together so she tried to tie my husband by having a baby.* (P9, age 31)

On the contrary, not complaining about a husband having sex outside was a strategy to prevent him from taking a lover or step-wife for P11. It was better to openly allow him to have paid sex outside of marriage because eventually he would do so anyway, without informing her of his behavior. She believed that when she knew her husband was having extramarital sex, he could not fall in love with the other woman. She said*, "If [I] didn't let him to go sometimes, then one day he may have someone outside without telling me, as I am afraid he will get a step-wife. That is why I let him when he asked me."* In addition, unaware of the various methods of contraception, P11 offered that her husband engage in

extramarital sex as a means of contraception. P11 did not have sex for 20 days before and after 10 days of menstruation in order to prevent pregnancy. Before judging the accuracy of her calculations, it was safe to assume that, P11 asks her husband to have sex outside of the marriage, granting him some money for the purpose ($10 USD). One time, when her husband came back home, P11 asked how his time was. Her husband honestly shared about having sex with a beautiful girl at the massage bar. In a sense, P11 felt that she did not have to worry about the possibility of her husband taking the girl as a step-wife. To her, it was more like a transaction, payment for services. She said, *"I feel normal. I feel like replacing, for instance, that food that we already ate, and then afterward we cleaned up our mouth. He slept with her and paid her, so he has nothing to be intertwined with her as a step-wife."*

> *Before I knew I had the virus [HIV], after I had menstruated and then waited ten days, and he wanted to sleep with me, I told him to sleep outside [with other girls] because I was afraid of having a child. I did not use a condom and I did not know how to take medicine to prevent pregnancy. I never used condom or had him wear condoms at that time. I gave money to him because it was near my house. I provided $10 [USD] to him like this, sometime when he came back, his money still was the same amount as before he went out, and sometime he had $5 [USD] or $4 [USD] left: When he came back, he said that when he went to be coined [Kos kjyal: a traditional way of scratch the body with a coin to cure illness like dizziness or feeling faint] and saw her skin was beautiful, he slept with her*. (P11, age 32)

The terms "having a girl outside" and "having sex with a girl outside" were implied different things for P14. She felt that having sex with a girl outside of the marriage just for fun is fine, but a husband should not take another woman as a girlfriend or step-wife. P14 said, *"in short, girls are not his mistress, just for fun."* (P14, age 37)

Meanwhile, participants reported different attempts to prevent their husbands from going out, such as using alternative methods to fulfill a husband's needs when the wife was not available for vaginal intercourse. However, those methods failed in most cases. Preparing delicious food at home, telling a lie if his boss called him, using one's hands on the husband's penis, and massaging the husband's legs and hands when he felt tired were all attempts at keeping their husbands at home.

> *I told him, if you just stayed at home, whatever you'd like to eat, or like something, then tell me, I'll fulfill your wishes, as I wanted him to stop going out. He said Oh! Who wants to bear always having sour soup, better to go off to take fried or boiled cuisine, to let his mouth have a different*

> *taste, he said, like that. He didn't love me. Sometime I prepared delicious food and kept it for him. Unfortunately, he still didn't listen to me. This generation, he likes to be happy, that is what the majority of people say. Sometimes he didn't sleep at home for 2 days.* (P1, age 39)

Satisfying one's husband by using various sexual skills may be one way of making him stick close to home. P8 mentioned a way of preventing her husband from going out by satisfying him in bed. Another woman, P14, disagreed, saying that no matter how they are satisfied, they still seek girls outside the marriage because it is their nature.

> *Yes, for what, for fulfilling their husband's desire, to attract their husbands, not allowing them to go out. There are some people who dare to do that to prevent their husband to go outside*. (P8, age 33)

> *Even though wives can satisfy husbands' needs, they still have outside [women] now. This time there are a lot of sex workers, at this time there are many and many sex workers. Young and white girls [referring woman's skin color], you think in karaoke, beer garden, and parlor. Even though wife tries to favor, husband still have outside girls.* (P14, age 37)

"Sex is not play to enjoy but work demanding energy": Sex was not a core value and a joyful experience in most of the participants' lives. Instead, taking care of the household and children were more important for them as mothers and wives. In the interviews, it became clear that women regarded sex as work, demanding effort and bringing pain, so their only desire was to finish it quickly: *"I said him slept, slept quickly; I did not have feeling, so boring. Told him only these, he knew [what I meant]"* (P6, age 28) Wives passively responded to their husbands' sexual advances, simply lying still during the event. *"One also says that being with wife is like a tree- trunk"* (P15, age 30) Women were too busy to think about their sexual feelings and have never personally enjoyed sex as P9 said, *"Nowadays I just care about living conditions and family so I have no feelings for that."* The participants believed that a man's strong desire never can be understood enough, and they were not aware of their husband's sexual customs.

> *Just to save my energy, as when we are sleeping with men then we lose our body energy. People said when they have sex then they feel easy [comfort]. I said no, I speak from my heart that it is tiring when having sex.* (P11, age 32)

Many participants felt they could not always meet their husbands' ongoing needs for sex. Most of the time they agreed with their husbands, but she tried to negotiate less frequent intercourse during the

week. However, some husbands did not understand their wives' situation (e.g., being sick). Instead, the husbands wondered if she was seeing another man or committed violence against the wife. P1 refused to have sex when she had surgery, and her husband still wanted to have intercourse every day for 3 consecutive days.

> *When he is not happy with me is when I don't allow him to have sex with me. Sometimes I feel that, obviously he wanted to hit me the other day. Because I had a baby and I had the surgery, so that I didn't feel like having sex. At that time he wanted to have sex with me, he slept with me one night, and the next night, he slept with me again; the following night, he slept with me again, but I was uninterested, so I said I am tired and bored. He wanted to hit me, and he said that I may have another man, and that is why I refused him. He cursed me everything at that time*. (P1, age 39)

Participants felt that delaying sex after a life event was a reasonable excuse for refusing to have sex. For example, Khmer custom states that a woman should not engage in intercourse for four to six months after childbirth. Called *teas*, this is a traditional belief that new mothers' health is at serious risk if they engage in sexual relations or strenuous exercise too soon after delivering a child. Thus, a woman's elder female relative (mother, grandmother) advises her to delay sex as long as possible. Since this is a popular custom, men are not surprised by their wives' request for abstinence and tend not to force their desires on their spouses during this time.

> *He never forced me because I just delivered a baby. He knew it. But if he asked me, I would give into him. Anyway, he was worried something bad would happen. 5 months later he had sex with me again.* (P1, age 39)

Another woman, P6 satisfied her husband by using her hands to stimulate his penis during the four months postpartum, but she explained that he still was unable to go without intercourse for the entire period. P11's doctor advised her to start having sex with her husband three months postpartum, a shorter period than the traditional practice recommended by her female elders. In case of P12, she stopped having sex with her husband when she was 6 months pregnant. She said, *"When I was pregnant at 6 months, I stopped having sex."* Some husbands understood their wives' desires, but others felt that the wait was too long.

> *When he cannot have sex with me, and I have baby like that and it is so often [he wants to have sex a lot of times] but I do not want. I do not have feeling to have sex with him. So it is normal that he goes out to drink and goes to get happy and overjoyed with bad things [have sex with another woman, drinking]*. (P14, age 37)

> *When I just deliver baby, He must have [sex with girl outside] because his friend came and took him, his friend came and called even at home. At night he came back.* (P15, age 30)

Meanwhile, some women said they did enjoy sex when they were sexually aroused. Most of the time, sex was felt to be dull and painfully unpleasant, but some participants acknowledged that voluntary sex relieved pain and allowed them to feel happiness with their spouses. According to P13, *"If we have the same sexual desire, yeah it is happy, the same mind and no pain. And when I have some sexual feeling, he seems to be happier than when I don't have."*

What is sex for a woman? As the participants explained it, sex is a natural process for a married couple to keep intimacy. In P1's words, *"Sex is about love, if he has sex with me, it means he loves me."* Sex is important because it creates more intimacy between the couple. Secondly, as many participants understood it, sex is necessary to procreate and keep the family line alive.

> *Yes, sex is very important for us as a couple, after getting married. First, we are together as husband and wife and we are holding hands and building for future. Having sex is one point of that. Normally, after getting married we cannot avoid needing sex, and another marital tie is having children, it is the most important point to continue our family succession.* (P2, age 42)

P1 joined a training called 'Woman Steps on Stone," organized by an NGO. According to her lessons, sex is an origin of happiness in the family: *"I attended many courses; they always explained that happiness is the most important point for family and the happiness in bed comes first."* For P8, sex is a means to please her husband so that he will not find another woman outside the marriage. She said, "*To have sex is important for couple. We don't want our husband to find outsider and make us be faithful to each other because we are afraid of contracting some viruses."* For some women, however, sex is not of importance as P7 said, *"Seems it [sex] is not so important. Living [sleeping] as couple is normal*."

Participants lived in small homes with their families, often sharing one room with their husband and children. The typical house in Cambodia is made of wood with no walls for privacy or sound

proofing. However, most did not feel the environment disturbed their sex lives. Since they knew what times their children slept, they simply planned sexual relations around that schedule. P4 sleeps with her three children, ages three, five, and 10 years, and all four share a mosquito net. She knows her children are asleep by 10:00 or 11:00 p.m., so she and her husband have sex at midnight. Other women shared a room with their children but did not worry about children being awake during the parents' sexual intimacy.

> *There is no difficulty. Because my children, when the evening arrives, they go to their room to study until 9 or 10 pm, then they turn off the light and sleep. If we want to have sex, then there is no problem. I want to have sexual intercourse in front of the TV table |laugh|, my house is small. My husband also said, Sleep in the room. I said, oh! I am lazy, I am bored. I do not want to, then he said that we need to be careful, as XXX [their son] may come out and see us. I said no problem.* (P5, age 32)

P9 has worked on construction sites since she was young and her husband joined her work for many years. Their shelter moves with the jobs still now, but the condition of their room does not make the couple feel uncomfortable about having sex.

> *Speaking frankly, our life after getting married, we didn't live together at a house, as I came to do construction work. I was used to doing construction work since I was young, and did it until I had a family; I always stay at the construction site. My boss trusts me so wherever I am working, they always let me to stay there to look after their materials. I never had a pleasant place to stay.* (P9, age 31)

For some couples, however, the environmental factor posed a real problem for their intimate relationship. No privacy for a couple can negatively affect any effort for a closer relationship. Sleeping in the same room with older children or living with older parents also restricted sexual behavior.

> *It means that because we don't have any room, our relationship is not so close. When we want to have sex, we wait until others fall asleep |laugh|, wait till night time [mid-night].* (P13, age 28)

> *I am embarrassed, like that, in my mind, when I do like this, and my child is also here. My child sleeps in my room and my children are old enough, and I am afraid that they would see it. When we want to have sex, during sex, my other child knocks the door and disturbs us |laugh|.* (P14, age 37)

In terms of condom use among the study participants, condoms were not a popular means of contraception for participants. Instead, because condoms were not a favorite choice of husbands, the women used either contraceptive pills or injections. Some husbands felt discomfort when using condoms, declaring them tight, difficult, and inhibiting to their sexual satisfaction. P4 explained her husband's reasoning, *"He does not want to use [it] because it is not comfortable. He told me it was OK to take medicine (contraception pill)...to protect against pregnancy."* At 42 years of age, P3 is the oldest participant. She was unaware of any advantages to using condoms during sex. She did not realize that condoms would also prevent STD. She used contraceptive pills and injections to prevent pregnancy. P 11 used the withdrawal method (male partner ejaculates outside of female partner's vagina). She also did not know about condoms for contraception or protection from STDs.

> *Never [used condoms]. He didn't ejaculate within my vagina. I didn't know that condoms are used to prevent pregnancy. When my brother got that disease and passed away, he left many condoms, and I blew them and put water inside, playing like that.* (P11, age 32)

P7 avoided sex around ovulation based on her doctor's recommendation.

> *I followed my doctor's method - 10 days in the middle of month [not have sex around ovulation]. I went to RHAC (Reproductive Health Association of Cambodia). They told me this method. Before I also used this method, 10 days at mid-month that I do not live [sleep] with him [to have sex]. So when I have sex, I do not have a child.* (P7, age 34)

Additionally, most of the participants found to have any knowledge to use condoms for the prevention of HIV prior to getting diagnosed themselves. *"Previously, I neither used [a] condom, nor knew how to use it. And that time, even [though] I saw [a] condom, I would not know that it was for,"* explained P6. During the time when most of the participants were married, the 1980s and 1990s, condom usage was not promoted in the country. The first case of HIV in Cambodia was detected in 1991. But it was not until 1999 that the Ministry of Health of Cambodia launched a "100% condom use policy" among brothels. It took even longer before condom use was promoted to the public.

> *There was no condom to use when I married in 1986. There was no condom usage until we heard the promotion about condoms. We never used condoms until we found out that we had HIV.* (P2, age 42)

> *No, never, neither used condoms nor knew condoms. I didn't know at that time, because I got married in 1994, never talked about or knew about condoms. And I thought that we were a new couple (we both were single and young), we never thought of condoms, and he always went out.* (P5, age 32)

Enduring the husband's undesirable behavior

> *I am angry like that, when he did not earn money, and then I complain. I said that I allow you to work, and he does not try his best to work. And he is busy and is addicted to the girls. He is with his girls. When I came, and I said to him, and he was angry, then he took the motor and went away.* (P9, age 31)

Enduring undesired behavior in the husband refers to those behaviors of the husband that the wife had hoped to avoid in her marriage and the emotions and attitudes the wife developed in response to those behaviors. The women faced many difficulties in their relationships because of their husbands exhibiting undesired behaviors. This subtheme consists of five categories: (a) living for only his happiness; (b) taking a wife for sex; to be served in bed; (c) engaging in risky sexual behavior outside marriage; (d) engaging in risky sexual behavior in the marriage; (e) "I said to him ten words, he did not listen to me even half of my words"

Living for only his happiness; The wives found their expectations of their husbands acting as the head of a household decreased as the marriage continued. The husbands of P15 and P1 seemed to earn some money but spent it to pleasure himself such as drinking and seeing women outside. He attached great weight to withdraw his desire but not thinking about food for children and money their wives needed to meet the basic needs of the family.

> *He can pay for himself, but if I pay for buying rice and become broke, he would complain and argue with me. For him, he could pay for drinking and being happy with his friends, he wouldn't complain. But for me, if I pay for rice, food, water and electricity, then have no more money [for his drinking], he would complain and argue with me. But now we are separated.* (P15, age 30)

> *My ex-husband did not listen to me because he was the one who earned money. He didn't listen to me. He liked going out and drinking beer, having girls, took all the money at home to spend outside. He didn't listen to me even I told him that we didn't have more money. Since he made lots of money, I could not say anything, and it is because I just stayed at home and took money from him.* (P1, age 39)

P5's husband did not allow his wife to manage the household finances; instead, he took care of all the household spending.

> *For example, when my husband came, he was the youngest son, so he came by bringing many things along but he tried to keep them by himself. When I looked at my neighbors, the husband granted his wife to look after everything, even the small things. When I looked at myself, I found it different, as he is the one who looked after the belongings. Whatever he gave me, one or two days later he asked me, what did you spend on that, 10,000 riel [$2.50 USD]? What did you spend that on? Did what? So I feel that I don't like him at all. We got into arguments because of that.* (P5, age 32)

P14 never knew what her husband earned, since he would not talk to her about his salary and expenses.

> *He [my husband] thinks he is the person who earns money to take it to me. I do not need to know about how much he earns [repeat]. It is his story. You do not need to know about it. He takes the money to raise anyone, it is his business. I do not have right to manage anything at all.* (P14, age 37)

P15 noted that her husband's moods easily fluctuated. He became irritable when hungry and happy when his stomach was full. When he did not have work or money to buy food, he would get angry and tend to fight with P15. This emotional instability would wreak havoc on the lives of his wife and young daughter.

> *To say, totally…my husband some days feels good and some days feels tough. He is really happy when he comes home and I cook food or do anything like that, such as I talk sweetly with him, he is happy with me for a few days. Any day I talk not good with him, he argues, argues with me.*

P15's husband would become physically violent without warning or explanation. When she tried to ban his gambling, he hit her. When he would get drunk, he hit her. When she said something he did not like, he hit her. She had no place of safety from his moods.

> *Before, he hit me frequently. When he did not know that I was pregnant, he frequently hit me. He said that he was jealous, even if I just spoke to others, he would hit me. When I forbade him to go gambling, he hit me. He beat me again and again for long time then I became used to his hits. He always beat me, and I always resisted. I can't do anything because I have children. Until now, I can't resist anymore, I am ill now. If he wanted to fight, he would fight. If he wanted to argue, he would argue with me. He never needed a reason. Whenever he was drunk, he would fight me.*

Taking a wife for sex; to be served in bed. Marriage was perceived by some husbands of the study participants as sexual union. The purpose of taking a wife was to be served by their wives in bed

and at the meal table without payment, whenever they want; wives are considered a means of fulfilling one's sexual desire P5 said, "*I she refuses [sex], only divorce remains."*

> *Before I just told him that you should not sleep too much with me. I didn't fully like it, I didn't certainly like sex, and I had no sexual desire with him. I spoke with him, but he still disagreed. He said that he got a wife just for that purpose, to serve him in bed, serve him by cooking, boiling water for him to drink. If I didn't serve him, then he would go out.* (P1, age 39)

> *He says a man feels comfort when having sex. That's why he wants to have a wife. Otherwise, he would not take a wife.* (P4, age 31)

The women had the same perception: A man takes a wife so that he can fulfill his sexual needs through his wife whenever he wants.

> *If I could not serve his sex needs, then he would not marry me, this is the one thing that I can describe.* (P9, age 31)

> *For men sex is…agreed to be together. Ok, they agree to live together, because of sex.* (P13, age 28)

For most of the women sex was not something they eager to do or interested in having as part of their daily lives, but they felt it was very important to their husbands that their sexual needs were met. As the caretakers of the family, the women were more preoccupied with taking care of the household and doing housework. Compared to their wives, the husbands seemed to have stronger sex drives. From the perspective of the women, a man's sexual desire never ends and he cannot live without sex. As described by P4, *"Men always have feeling, they never stop. He never feels bad about sex and if he does not fulfill the desire, he feels bad. Sex is also a way of releasing stress."*

> *When he did not have sex for a long time, he felt bad and cannot stand… that…. Men, when they reach puberty, whether they have a wife or not, I don't know, but for my husband, we were just married for 2 months, but if he did not have sex once a night…he did not feel good in his body, felt bad.* (P2, age 42)

> *I asked him sometimes, why do you like to have sex? Aren't you tired? And he said oh! that is how human being are. In order to earn money and give it to his wife, then he has to work hard and it was so tiring, sometime he also faced with blaming or cursing from [his boss]. What are we supposed to get from our wife then, there is only that thing [sex].* (P5, age 32)

To enjoy sex the most, men were interested in learning and practicing sexual skills. They watched porno movies sometimes with friends in the village and sometimes with their wives. Oral sex, playing

penis with hands, using different positions was what they liked to get from their wives or women outside. P4's and P15's husband played sexual videos and asked her to follow them. P15 said, *"My husband played the sex disc. He might want to do the same as in the sex movie."* To P4, as a Khmer woman, it was not acceptable to use have sex in any style other than the simple position (missionary position, man-on-top). The husband argued that his girlfriend was Khmer too, but she would engage in sexual acts like in the video.

> *He played it for me to watch. I didn't dare to watch it again, because I felt disgusting. I said I cannot do like that <u>because we are women and we are Khmer</u>, we are not the same as other races. My husband told me, there are some Khmer people who can do it, no problem. I asked him who? Then he said his girlfriends; they are also Khmer.* (P4, age 31)

P14's husband liked having his wife stimulate his penis with her hands in order to sexually arouse him. In P14's mind, this was something for a young couple or a newly married couple, but not appropriate for older couples.

> *For fondling and touching him, I do not know how to do it and I am shy and do not like it. Even every day, when he wants to have sex with me, he takes my hand to hold [his penis]. I said, "Do not take my hand to play your penis." Like this, no. He wants me to play his penis to get big, so he can have sex with me. I said I do not like this, I will not do this. I am not a child, I am old, I am not a child. If someone just got married, they can do like this.* (P14, age 37)

When participants refused sex, some of husbands' (seven of fifteen) first reaction was to doubt her infidelity. They suspected that she was saving her energy and passion for a boyfriend. P 15's husband cursed at her and beat her, even though there was no evidence that she was having sex with someone else.

> *It was just that I did not want to sleep with him, did not want to have sex. But when I did not want it, and he was also angry. He was angry and complained and said to me like this, like that. He said I kept it for my sahay [boyfriend]… When he was angry with me, he blamed me, blamed me. "Yes, you kept it for your sahay to do [to have sex]," He said, like this. "If you do not allow me to sleep with you, it means you have a sahay, another man."* (P14, age 37)

> *He blamed me that I have another man [love another man] and beat me. Such as… he said that I loved another man, and he said, "Ngeng [a negative term for a woman], do you not agree with me because you want to keep it for your man?"* (P15, age 30)

Likewise, when P11 easily allowed her husband visiting other women, he became jealous and suspected her of taking a lover. He wanted to stick her to him by having child. He did not have confidence in his wife's love for or commitment to him.

> *He said that "I never saw any girl that allowed her husband to sleep with girls outside easily like you." Then I said that I would never betray husband, I did not have the ability. In short, I am not OK [with having sex] so I can allow you to sleep outside with other girls. In short, he was jealous me and thought that I have another [man]*. (P11, age 32)

> *It was not me who wanted to have a child, but my husband wanted to have a child because he did not trust why I often allowed him to go out. Other girls were jealous of their husbands for doing this, but I liked allowing husband to sleep outside. Then he wanted to have a child, he wanted it, so I took it. If he did not want it yet, I maybe did not take it yet, and I was also young at that time.* (P11, age 32)

Engaging in risky sexual behavior outside marriage: All husbands of the study participants had experienced sex with other women before and after marriage and engaged in unprotected sex with those women. Some of them were not aware of importance of condom use or trusted in women they had sex with. The husbands of the women in the study were not faithful to their wives, not being simply satisfied with sour soup every day.

> *All in all, whenever man has money, most goes to eat out. It is like this. Wife knows have girls outside. It is few and rarely have...husband is honest only to his wife. It is rare. According to my observation, it is few...Few who do not find outside [girl] when he has money. Then he told me that, last night I went out for drinking and there are some girls who were kept company me [beer garden girl accompany guest while drinking] and I brought girl for my boss. I knew he went with those girls |laugh|.* (P3, age 40)

Moreover, some men lived with a step wife and a child from the step-wife as shared by P1, *"He had girls; he had a step wife and had a baby."* The spouse of P1 contracted HIV from the step wife who was infected by her past husband. She knew her HIV status as positive. P1 heard about it from her neighbors.

> *My neighbors told me that that woman had had her blood tested already, and the result was positive, plus her husband was dead because of HIV. That woman also knew that she had HIV, but still she loved my husband. My husband was fat and had big belly, but he fell sick and became thinner and thinner.* (P1, age 39)

P8's husband loved and lived with a woman, whom he met in the Karaoke, for one year. P8 warned her husband and the woman to stop living together, but they ignored her. When the Karaoke woman was fired by her boss from the job, they separated and P8's husband started getting sick seriously. P 8 had experienced triple suffering in her spirit and body; first, enduring spousal betrayal by her husband, second, husband's contracting HIV, third, her contracting HIV from her husband.

> *When he loved other woman, I knew that because that woman lived near my village (Karaoke girl). Then I tried to separate them, I argued, blamed and didn't let her love him to avoid spreading, and because, that kind of girl is not good. When he loved that girl, he gave her money and paid for her. He went out from home. I usually waited him at home. He loved and lived with her nearly one year and he worked and didn't back home. Then someone told me that he was in love with that girl and usually met each other there. When I knew that I used to ask him to stop contacting with her because afraid of getting some diseases from her. I said that kind of girl is not good but he said nothing. He usually said that he loved me. After that, that girl was resigned by her boss. So she was away from her work place. When she went away, my husband often has had strange diseases. Such as headache, bleeding nose, and bleeding somewhere else. I really wondered with his diseases, I didn't have those symptoms yet. It should be having disease so I asked him to check his blood test. When he tested his blood and knew that he has HIV, he had some symptoms. Since I knew about this I lost appetite for 1 week.* (P8, age 33)

Another participant, P9, her husband had a mistress and a baby with the mistress but he did not admit the fact that the baby was his. The mistress could not afford the hospital expenses and had to sell the baby. She herself died somewhere on the border of Thailand. These were the stories P9 was told by people in the village, but not by her husband. The husband enjoyed life with mistress but, at the end, proved to not be responsible for his behavior by taking care of the woman and her baby.

> *For this child, I heard that, I just heard from other not direct heard from this person. I just heard one person that heard from another person when they drank with each other. And he came to tell me that, that woman (his mistress) delivered her baby at the hospital and she did not have money to pay, to pay for service in hospital, and she came to ask for money from my husband to pay for hospital, but my husband did not give her money. So when he did not give money to her, she sold her child, sold her child to other to get money to pay for hospital and used some money for paying to go to province. ... but she did not go her hometown... because everything go like this she died at the border of Thailand. And her daughter also is lost information since then until now. I do not know who bought her and I do not know about it.* (P9, age 31)

Other participants also shared that their husbands obviously slept with other women outside, some often others not as often. They all identified the source of HIV transmission of husband was women

from brothel or non-brothel such as Karaoke, massage bar or beer garden. There was no participant that their husbands were intravenous drug users (IDU) or men who have sex with men (MSM) to their knowledge.

> *The first husband did not love girl outside but he had sex with sexual worker.* (P5, age 32)

> *Before, yes he went, as we argued, he told me that he went to sleep with other woman.* (P15, age 30)

Prostitutes' better sexual skills were referred many times in the interviews as a reason why men were engaged in women outside. The husbands told their wives that prostitutes were more skillful at pleasing men. P1's husband liked Vietnamese sex workers more than Khmer women because of their skills.

> *My husband said they [sex workers] have many skills. Men like oral sex very much. They like sucking but for me it is disgusting. I think that they go out to do so because my husband told me like that, sometime, they just read newspaper (during sex) and pretend there is nothing happens, men just do when they wishes for. Women (sex worker) just do it. He said that Vietnamese women they are good at that, they are skillful, where the Khmer women are not so much. Sometime, they can do anus sex. I asked him how they could do so. I used to watch sex movie, but I never apply it on my own, but I used to be top on his body.* (P1, age 39)

> *I heard from my husband such as the sex worker they know how to touch, playing with penis, they touch and hold it and they suck all everywhere. Sucking mouth. He also said, there are some women, who put or hold it [penis] in their mouths.* (P2, age 42)

P11's husband felt bored by his wife's simple behavior during sex. He wanted to reach the highest feeling, orgasm, the better and the longer as much as possible. Prostitutes understand men's sexual customs and feed what they wanted.

> *My husband, before, while he was sitting, he saw other couple having argument. He started thinking and reminding himself about the time when he used to sleep with girls outside. That is because sleeping with a wife wasn't easy [not reach the highest feeling]. Therefore, men are likely to have girls outside. I asked why you think sleeping with a wife is more difficult then he told me the techniques [of girls outside] but now he didn't dare to say it.* (P11, age 32)

According to p13, the difference between a wife and a sex worker is if a man needs agreement from the woman or not.

> *Women outside, sometime they think that is their business and we need to pay them so there is no need to have an agreement, but between husband and wife then we must need to have agreement, shouldn't force [each other]…Sometime it is normal, such as sex worker, men can order anything to them. Normally with wife, if he ordered some complicated techniques then cannot such as raise legs or hands, not agree with, we just knew only technique where mother has granted to us.* (P13, age 28)

The participants' husbands seemed very attentive to their peers. They went to search for women outside by the pressure of friends or they used the peer pressure as excuse for their infidelity. When a salary day came, for some men, drinking with friends was regular and the drinking led to having sex with girls outside.

> *In short, I think that it is the general, for long his friends always called him when it was near to get salary. When he got salary, his friend called to go like this. If he went every month maybe, I might not endure. But he went one time every two or three months, he asked for going one time but stayed there overnight. Just 8 pm or 9 pm, his friends brought him home.* (P6, age 28)

P9's husband said he was afraid of judgment from his friends as a weak man. If he did not join the group, his friends would give contempt upon him as a poor man, having no power over his wife. No matter how he came to the place with friends, he came to taste a new delicious dish and was entertained by the skillful cook.

> *They are drinking together so they always invite each other so he was thinking that he is a man too so if they asked him to come then he thought he is not a poor man therefore he must follow them, as he was afraid of friends calling him a poor man or man who was afraid of a wife. He didn't want to hear those languages that are why he decided to follow his friends to drink.* (P9, age 31)

Some men of the women interviewed already "tasted the dish outside" before marriage. Namely, some men had experiences having sex with multiple partners as individual or as a group before having sex with their current wives. They, however, hide the past and told everything to their wives only after they found to be HIV-positive. It was not known if they got infected with HIV before marriage or after because they did not do blood test until they were symptomatic. Two husbands of the participants were diagnosed with HIV right away after three to four months of marriage. The women believed their husbands did not know theirs status and if they knew this status they would not have taken them as their wives. The husbands told them so and they believed this was true.

The spouse of P3, who went to school until grade 7, was popular among girls from the rich family at high school.

> *Yes, he said he used to be well fed with girls [had many girls before]. He said those girls are daughters from the rich families and at that time he was studying at XXX high school, he was an outstanding student.* (P2, age 42)

In P6's case, her husband used to have group sex with seven to eight friends as many as four to ten times every month when he was 14 years old. Paradoxically, P6's husband was ordained in a Buddhist temple when he was young, according to P6: *"Before he used to be ordained. So I thought if I had daughter, I do not let her take husband who is ordained as monk."* From my observations, some Cambodian parents choose their young boy child to be ordained as a future monk. This is not necessarily the boy's choice or wish. While serving the senior monks with chores in the Buddhist temple as an attendant, he can have an opportunity to get additional education such as learning English. When he becomes a teenager, he can choose for his future to either stay in the temple and become a Buddhist monk or return to the routine life with his family.

> *Previously, my mom agreed with our wedding, she thought that he was accurate. But when we tested blood and he told me that he did [sex] since he was 14-15 years old at school. He paid a Karaoke Woman with other people about 7 to 8 people. So he didn't know how he got it. He didn't know whether he got it from his friends or that woman. And he said that in 1 month he used to pay that woman to sleep with her 4 to 10 times. But he said that he never had sex with that woman alone, he always had as a group.* (P6, age 28)

P9's husband told his past to his wife when they were one month in the marriage. He told that he was fed up with all types of women since he was young.

> *After one month that I got married with him, he told me about his past. He said that he used to have a lot of girls. He faced all types of women. ...Umm when I just got married and I asked him that how I am different from other girls. And why when you saw and loved me immediately and reached to marry me. He said he used to have a lot of girls. Any types of women, he faced all. When he met me, he found his fate in me. And like that he heard that I was painful so he wanted to help me to out with this pain. First is love, and second is pity, so he told me that he had a lot of girls. He did not hide anything from me. He told me everything.*

P11 also heard about the past of the spouse from her husband. He used to visit girls outside with friends and even made one of the girls conceive a baby. They separated later because of the girl's betrayal and after one year he met the current wife.

> *Before getting married, he... had one girl. He lived with until she was pregnant. And when she was pregnant 2 months, he went to work outside [abroad?]. And when he came back, he saw this girl slept with other man so he was angry and he came back to his parents' home. When he came back to his home for more than 1 year, he saw me and he told his parents to engage me like this. There were more. He slept with other girls outside. In short, my husband is handsome so he easily used to sleep with other girls. When he drank and he was drunken with others [his friends], and he went [to brothel] to sleep with other girls outside.*

When the men had these undesired behaviors in the name of being the head of the household, their wives suffered. The women were upset, felt victimized and heartbroken described by P13.

> *How do I feel? After getting married and I gave him everything, but he still wants to go out, usually Khmer girls don't want to lose someone we love, we feel upset or fed up, and ask why he still wants to go out. I stay home and satisfy him with everything, but why does he still go out? I am so unhappy.*

P14 felt very heartbroken when her husband had a mistress. The fact that he loved the woman more than his wife was a difficult thing to believe. P14 did not love her husband at the time of marriage but she strongly trusted his love toward her and believed it would last forever. The trust sustained her to live with her husband in spite of other of his family members disliking her. However, she could not share her feeling with him. She kept her anger, sadness, and despair to herself. She was all alone; there seemed to be no presence of herself as a person in any aspect of life. During her interview, I wondered if she has ever articulated her own feeling to someone before talking with me.

> *I felt very painful. I could not talk to him. I felt very painful. I remembered I told him once, but he did not listen to me. I am a wife and married him, but I could not talk to him. He thought the girl [his mistress] was more important than me. He went every night permanently.*

P8's life was also full of misery and anger. People told her that her husband had another girl. There were not many choices she had except advising her husband to stop loving the girl. However, the husband never listened to her, instead, argued back.

> *When husband has other woman, how was my own feeling…I felt miserable, angry and upset. I really thought of my husband and also advised him. But he didn't listen to me. I always advised*

> *him. As I went to work every day then when I backed people told me that your husband dated with a woman. When my husband backed, he didn't listen to me. He seemed to love that woman very much. I advised him, he didn't listen to me. But he argued back and fought me. I didn't know either. He didn't listen to me.*

P9 also endured her husband's going out for filling his sexual needs. She gave a reluctant and passive permission against her wish. She was self-blaming that could not fulfill her husband's desire for sex, her spirit was broken and heart felt painful and painful again.

> *My feeling normally is very painful for some time...but for me, my mouth said 'let him go', but in my mind it is very painful because I cannot fulfill his desire [sexual desire]. My feeling is painful, out of my mind. But I remember that if I do not allow him to go, I also cannot provide him with it [sex]. So I needed to allow him to go out. I am patient but sad. There is no any wife who wants their husband to find a girl outside. But at that time if he wanted to find a girl outside, he went. I did not argue with him.*

An exception among the study participants was P6 who investigated her husband's behavior outside by hiring a man to track her husband's adventures. She collected information about the husband's girl outside marriage. She told him that, "*You could do anything, but could not lose money."* One day, she even checked the husband's cell phone and found many sex movies there. When she questioned his behavior he gave an excuse that his friend transferred it through Bluetooth (a network between telephones). She worried about children watching sex video when her husband and his friends turned it on at their house during the day.

> *I often said to him 'you did a lot of bad things.' In front of others, drinking in my house, and playing this movie to watch. I said that our house is not a karaoke bar, be careful. After they finished watching I said things like these. They [her husband and his friends] knew [me] and they went on to turn it off. In short, I do not like this because I have a son and my boy is growing up. They know about how to sleep with a girl [already]. At my age I did not know how to sleep with each other through this [vaginal intercourse], I did not know.*

The wives had no power to keep their husbands exclusively to themselves but the majority advised their husbands about the risks of their infidelity. Some of them warned their husband about STD and HIV, and advised to use condom to prevent these diseases. They did not ban their husbands from using the service at the sex shops as long as the men did not love the woman at the shop and they did not go out not too often; instead, they earnestly tried to prevent them from catching those viruses. The men,

however, were not afraid of the disease but afraid of not having sex outside as described by P4: "*They are not afraid of AIDS, but they are afraid of not having sex outside."* This expression used by the people who promoted condom market, at that time, was used to raise the awareness and criticize men for being unprotected about HIV risks.

> *I used to say wear that (condom) but he didn't wear it. I used to say there is HIV, there is gonorrhea. I just knew it and told him that when he sleeps with other girls then he should wear condom, but I never saw condom, and I didn't know how to wear it. I told him just to buy condom and bring them along. He said, well, this generation, he just drinks a pot of traditional medicine then he would recover, he said that. If he listened to me then he would not contracted it, but he didn't listen to me.* (P1, age 39)

P5's husband did not believe there is AIDS. He believed people invented it for preventing men from going out to see women outside.

> *I said to him, all right, you can go to have drinks, but nowadays I heard there is AIDS. Actually, I am not sure if it was true [the message of AIDS, that is exist]. I just said as I heard it from TV. But I do not know for sure whether there is AIDS or not. I told him shouldn't drink too often and to be careful about AIDS. Be careful, if you have it, I would run away and leave you alone. He said, actually there is no AIDS. They said on TV there was AIDS because they want to stop men from going out to places where they would spend a lot of money. I said do not say there is no [AIDS], you would cry if you contracted that and if so then I would run away with our children.*

Even, P8, she seemed to give up keeping her husband from loving other woman but could not give up making husband be awakened about the risk of the virus.

> *I told him 'love her [woman at the brothel], but please be careful of contracting diseases.' He said that he loved her and he knew how to protect himself.*

These participants seemed not to know how to prevent the disease but obscurely recognized there would be danger for their husbands when they slept with women outside. Two women knew about the condom use well and advised their husbands to use it. However, their husbands did not like condom as it was uncomfortable to use. P14 was scared of the virus and that if her husband had it he would transmit the virus to her.

> *I often felt afraid that I had the virus in my body. I was afraid of transmitting the virus, so I often advised him to use the condom.* (P14, age 37)

> *I just tell him [her husband] to use condom, but some men never use it, for they think it is not comfortable.* (P15, age 30)

In the times of the participants married and contracted HIV, there were some news about HIV, AIDS stuff from TV or newspaper. Their knowledge, however, was vague and it was not clear how much they have known and learned after the diagnosis of HIV.

> *I knew that HIV has existed since 1993-1994, but I had never known someone who had it at that time. They said people would get infected if they slept with each other when one was infected.* (P1, age 39)

> *I heard something through the newspaper written about HIV...They wrote that HIV will come into our country...yes...we all wondered...I really wondered ...really remember...and until UNTAC era we voted in 1993, when UNTAC started and people started dying one by one, especially soldiers who work at DN [a building that soldiers stayed before the UNTAC]*.(P2, age 42)

UNTAC (United Nations Transitional Authority in Cambodia) is the United Nations in Cambodia overseeing a transition that led to the restoration of civil cruel after years of civil war and foreign intervention from 1991 to 1993. At those times, a large number of U.N. peace keeping forces contributed to the sex industry, and resulted in the spread of HIV/AIDS to the country (Cambodia's Country Report, 1995).

P15 witnessed how her neighbors, a husband and wife, one by one, died of AIDS because there was no medicine available at that time.

> *Because there was no ARV medicine, so a spouse died one or two of them per day. I ever saw, for they didn't trust the opportunistic medicine. They didn't take it, threw it away. So they died by one per day, from husband to wife. I always saw those who got this dying.*

A woman, P7, however, did not hear anything about HIV or about condom and so, she did not perceive any risk of the transmission. She believed that because a husband and wife live together it could not be transmitted. In fact, she did not use condom for three year even after she knew that her husband was HIV positive. Because her status was negative from the first blood test, she believed the ARV medication her husband taking could prevent her from contracting the virus.

> *Because I thought "maybe we do not need to use [condom] forever because I would not be transmitted". And I didn't have interest about it. I thought we are a husband and wife who live together, so it should not be a problem.*

No matter how much wives warned husbands about using condom or the risk of diseases at the sex shops, they did not listen their wives. Sometimes, condom was torn by too vigorous sex and some men did not use a condom because he trusted the girlfriend did not have any disease. Sometimes, some men forgot it when drunk and some men did not like it because it reduced their feeling. Simply the men seemed not to seriously take their own risky behaviors with sex workers but enjoyed the life for fun.

> *He also used condom so should not have HIV. However sometime he was drunk so he forgot using condom because he trusted her. I said if you used condom why you had HIV. When I said like this, he became embarrassed. He said he didn't want it either. He did just for happiness. But when he was happy or sometime he got drunk, he forgot using the condom like that and loved that girl very much.* (P8, age 33)

> *But when I told him to use [condom], [he said] any day he wants to use, he uses, and any day that he does not want to use, he does not use. Using condom is not comfort like this; he wants to say like this*. (P14, age 37)

While the husbands were involved in the unfaithful and unsafe behaviors, the wives lost trust toward their spouses. The wives no longer believed their husbands 'explanations. They did not believe their husbands sincerely told all truth. They did not believe there was a man who never visited other women for sex.

> *I got angry but he said he had no girl, people just said it. He just said that to me, however, sometime he may have it [girl]. He didn't tell me the truth, he did lie to me, but later on we found out that. Men rarely tell us the truth at once time.* (P8, age 33)

> *Why, I really do not believe men, not only my husband also other's husband even though how much they do good thing, I do not believe they do not go out. I do not believe, even though he tells like this [not going out]. I do not believe he does not go to find out. I do not believe that he never been out to find girl*. (P14, age 37)

Engaging in risky sexual behavior in the marriage: The men of the participants were engaged in risky sexual behaviors with their wives in the marriage too while having unprotected sex with other women outside. Some men had too much sex outside against their wives' will as stated by P1 *"When he wanted then he just would do it then he walked out to take a bath. In 2 or 3 hours, he wanted to have sex again."* P1 was faithful to her husband all her life, trusted him and had sex with him whenever he wanted, up to three times a day to get money from him to feed her nine children and to seemingly prevent him

from going outside for sex and bringing the disease to the family. It might have been the best way she knew to 'protect herself" and to "prevent bad things from happening". Her attempts at saving the family and preventing HIV virus from coming home failed and with contracting HIV virus she lost her place in the society and the only life she knew, as captured by the theme *"The Lost of the Past*".

> *That husband, I got married according to tradition. To tell you the truth, he loves to have sex. If I didn't fulfill his desire then he didn't feel happy with me even though he never gave any money to me, unless, he completed his desire on my body then he had his loveliness on me. If I didn't let him to have sex with me then there is always problem. When he couldn't have sex then we will have a conflict until he had sex or went to find (have) girl outside. I think that my husband is different from other men, as he likes to be happy such as when having sex; it is okay to drink alcohol to get happy, but it is unimportant thing. When he got angry, sometimes, he went out to have sex. His major problem is to have sex, if he has love, get close, to fulfill his desire. Maybe at that time, I didn't have or know how to do it, and he went go to find a girl outside.* (P1, age 39)

P5' and P15's husbands forced sex on their wives. P15 said, *"My husband used to force sex and committed violence*." P5's husband also demanded sex three or four times a day. He used force by pulling her shirt when she did not agree with his wish. However, she did not share her feelings and stayed in silence understanding that sex was normal for a husband and wife. As a first time, she shared the story to us during the interview but still did not refer how her own feeling was.

> *He was bored when I didn't agree with him. Such as when he demanded to sleep with at the evening one time, and again at night one more time or at midnight or dawn again. If I didn't agree he became bored. Such as my shirt he pulled at the back and the buttons were away. But I thought that all that words I should not tell other. This is the first time that I talk about it here. Because of that I thought it was the thing that husband and wife did. When he got bored or got angry so he back to his home.* (P5, age 32)

The men exhibited power over their wives by not giving money for food if they did not allow sex. Eventually, the women could not help but agreeing with their husbands' wishes or making money by themselves.

> *I think that, the real example is that, tomorrow he will get his salary then he said that tonight if you didn't sleep with me then I will not give you any money even single Riel [Cambodian currency]. He said that. We had 3-4 children who needed money [at that time], if he didn't give his salary to me then what else should I have besides selling our belonging so I have to follow him. Therefore I have to agree.* (P1, age 39)

She also used to disapprove her husband by selling out her belongings such as necklace and bracelet. Because her husband was rich and made a good income as a cook, she had jewels. After two months of his unemployment, the money was run out, she went to the province to make money and worked there as a cook.

> *I used to refuse to agree with him. I was run out of money for 2 months then I sold my necklace, bracelet that he made for me. In a month I spent nearly $250[USD]. When the money ended, I went to XXX province, to work as the cook, I worked in most provinces. My children, some were born in XXX, XXX, and others in XXX. I always followed my husband.* (P1, age 39)

Like the husband of P1, typically the men gave money to their wives when they wanted sex. If the wives disagreed, their husbands did not give them any money for food. P14 shared about sex with husbands among friends and her friends and P14 met the same situation.

> *With friends, we talked with each other about having sex and I said about my husband's behavior when he wanted to have sex. These opinions were shared and we had talked with each other when we met when there were no people that came by to buy clothes. We sat and talked with each other for fun. If the wives didn't have sex [with husbands], their husbands did not give them money. We talked about these things. I said that "it was the same with us; my husband was the same like your husband. Your husband was also the same like my husband. If they need [sex], they give money, if not, they did not give money, although they got money, they did not give, unless they had sex, they did not give money for food [to their wives].* (P14, age 37)

The stories would represent how much the women were sick of unwanted sex and how much the husbands did not take care of the household, their wives and children. A few men used violence to get sex from their wives. P15 rejected sex during menstruation or when she felt pain in her genital area. He still insisted to have sex, argued, and beat her, and forced her anyway.

> *Such as on the day I had pain in my vagina, I already told him that today we should not have sex, because I felt pain. But he said that I love other man and beat me then forced me to have sex with him. And some days I had menses, he still insisted to have sex, if not, he would argue with me and beat me.* (P15, age 30)

During sex with his wife, P14's husband refused to use condom. He was unwilling to use it because it was not comfortable to use, and he was losing feeling of pleasure while wearing it at night.

> *He agreed. But, when he used every time he said sometimes he had sex with me only at night. So using condom, it makes, in short time wearing condom would not be proper, so he does not want*

> *to use because sometimes when wearing it got loose [pulling out from penis]. He had sex with me at night, he said that at night he does not use [condom].* (P14, age 37)

The husband of P13 disagreed with using condom because he was her only partner, his wife. She believed that men, who did not have multiple partners, did not need to use it.

> *Talking about when he does not listen to me, first it is related to when we have sex, sometimes, I want to use condom and so on, but he does not agree. For himself, he said he does not want to use it. For example, he does not use it because he thinks that one and one [only one partner], he and me so it does not matter, no STD, but if he thinks that he is not one and one [have multiple partners], and when he goes out, he will use it.* (P13, age 28)

P15's husband did not have any consciousness about the risk of HIV and ignored it. After using a condom for one or two months, he threw the condom away saying "let it be". P15 regretted that not using condoms resulted in the disease in the family, the husband, a child, and herself.

> *I used [condom] about one or two month. After that, my husband never used, so my husband said that "if there is to get sick, just let it be". We throw the condom away. Now I realize that, we got the disease, because we didn't use condom. It turns; now that we have the disease we just use condom now.* (P15, age 30)

"I said to him ten words, he did not listen to even half of my words": The husbands of the study participants neglected their wives as well depicted in P'14's statement.

> *<u>When I said ten words to him, he did not listen to even half of them</u>. Before, I often told him the reason why he felt sick like this was because he did not take my words seriously and listen to me.*

The husbands consistently did not trust their wives, believing their friends and relatives more than their spouses. They did not pay attention to wives' opinion, advice or warnings. While the study participants worked hard to obey their husbands, their husbands were busy blaming them for anything that went wrong in their lives. When the wives talked to their husbands, they listened to half of what their wives said; because they perceived the wives' words as nagging and useless talk. When a wife urged her husband not to drink or have sex with other women, the husband typically responded, "*You talk too much, it is useless [talk],*" using his financial power over her to have the last word. When one woman declared she would not have sex with him any longer if he continued to sleep with other women, he was more concerned about the cost that might incur if she declines to have sex altogether rather than his wife's

desires. Withholding sex as a way to make their husbands quit seeing women outside of the marriage ended up failing for those respondents who tried it.

> *There is nothing else, but I just told him that if you went to drink, to have girls, then you should go there forever, because I will stop letting you [have sex] with me anymore. He said, if I stopped letting him sleep with me, and he had to go to sleep with someone else, then he had to pay those girls every time. You like talking too much about that, it is useless, I work very hard every day, he said. You just stay at home, feeling only like that, he blamed me. He never listens, and he said I talk too much.* (P5, age 32)

When P14 gave her husband permission to have sex with other women, she warned him to use condoms. However, he did not heed her advice because he did not want to feel like he was under a woman's control.

> *I just told him that when you were happy, do not forget [to use a condom], be careful not to transmit a virus to me at home. I talked like this because I stayed at home only looking after children, I did not know how much he paid. I only looked after children and bought food for him. For going out, drinking, I could not talk to him. When I talked, he did not listen. So he went out to get happy. Like that, I advised him to follow my advice and listen to me, but he did not listen to me.* (P14, age 37)

The husband of P15 did not take into account his wife's opinion at all. He ignored her opinions and ideas during the entire marriage, often giving others more credit than her.

> *My husband does not, he rarely listens to me. He listens to others far more than his own wife. He does not listen to the words of his wife. He has never listened to me. Because of that he forced me to do things against my will. In short, he has never followed my advice.* (P15, age 30)

In some cases, the women found that their husbands might listen to them when the subject involved the spending of money for a big purchase or to start a business. For example, the husband of P7 wanted to spend $2,000 or $3,000 USD to be promoted in his position in the police department. In Cambodia, $3,000 USD is a huge amount of money for a poor family to save and spend on something like this. His wife calculated how long it would take to earn back the money and disagreed with his plan. He agreed with her that it was not a wise investment.

> *The example is that he wanted to work at another place. I said that, before he decided to change his work, we needed to think. He works as a police office, now his superior wanted to promote him to a higher position. They asked for $2000 (USD) or $3,000 (USD), so I said, if you get promoted (get higher position), and we spend the amount of money and if our salary does not*

> *increase…then, we get no money for higher position. And if we save the money, small amount of money, each month… like that, if we get 300,000 riel or 400,000 riel [$75 or $80 USD] per month; it is not enough money to make up for spending this amount. So he followed my advice. He does not go to work at that place.* (P7, age 34)

In another example, P12's husband entrusted wife with managing the household finances. He followed his wife's decisions on things such as buying a tractor for their farm.

> *He agrees with me on all financial matters. For example, when I want to buy anything like this, for example, like buying a tractor. I make the decision by myself, but then he makes the decision behind me, like a cow- the first step and second step [front legs and back legs]. I am the first step. I make the decisions for everything about money. I control the money and manage it.* (P12, age 40)

Becoming a Person with HIV

> *I remember thinking for a long time, I was afraid that I had gotten the disease [HIV]...I was afraid of it more than sexually transmitted infection, syphilis…all these diseases. I was afraid that I have HIV like they said they were afraid I was having it...I was really concerned about this.* (P3, diagnosed with HIV in 1999)

The amount of work the women did while staying with their husbands rewarded them in a painful way, as eventually, they all became persons with HIV. It happened no matter how much they knew about the disease before their diagnosis and what efforts they made to prevent it. Because of unexplained, intermittent symptoms, they eventually would all get their blood tested for HIV. As they discovered they had the virus in their bodies, the women became speechless, losing hope for the future and developing the desire to die. Many expressed feeling unable to protect themselves and felt victimized by their husbands' ruthless behavior, shouting 'why did he destroy my whole life?' Later, the women revealed their status as "a person infected with HIV" to their families and communities so that they could get help and treatment, but they limited the range of their announcement to only those who needed to know in fear of rejection. The theme "becoming a person with HIV" refers to the process and experiences that the women and their families went through from getting HIV test through disclosing the news to the public. The theme involves three subthemes: (a) found to be HIV positive, (b) encountering HIV, (c) going public. A definition of the theme, associated subthemes, and categories are presented in Table 8.

Table 8. Becoming a Person with HIV

Theme/Definition	Subtheme/Definition	Category
Becoming a Person with HIV Processes experienced after blood test including the family through going public as a person with HIV	**Found to be HIV positive** Experiences and challenges when discovering the news of HIV	○ Delaying the decision to test ○ Drawing blood for the HIV test
	Encountering HIV: accepting an unwelcome guest Emotions and experiences of the couple when they become self-identified as a person with HIV	○ Partner notification: "He didn't tell me." ○ First reaction: sinking heart
	Going public: afraid of discrimination Fears of being discriminated by the people when disclosing the news of HIV	

Found to be HIV positive

> *I feared and I was scared, I thought I must have gotten the disease and I really got it.* (P15, age 30)

The participants and their spouses went through similar processes while discovering the status of the disease in their bodies. The subtheme 'found to be positive' refers to experiences and challenges while discovering the news of HIV in their families.

Delaying the decision to test. Some of the women and their husbands delayed the decision to get their blood tested. P2 did not think about taking the test because of her healthy condition at the time, such as having high level of energy and experiencing no weight loss, until her husband was tested.

> *When I knew it, I didn't have my blood tested because I was so energized, could work, and not really get tired. I was 65 kg, healthy. Until my husband was sick and he went to hospital. A doctor, skinny doctor, pulled me to the side get my blood tested, and I was HIV +.* (P2, age 42)

Some of the women's tests were postponed as they used Khmer traditional medicine to treat their symptoms. When P6 and her husband were seriously sick with night sweats and rashes covering their

bodies, they visited a Khmer traditional doctor and received a traditional treatment for one year. When the treatment did not work, they finally went to the hospital and were tested for HIV; both were found to be HIV positive.

> *The sweating, he sweats every night. He hasn't lost weight, but it is strange to me that I have a mass along the neck. I always went to see the Khmer traditional doctor. He said it was mrenh [lymphadenopathy]. Then after that he had reurm [rash, skin disease] and reurm domey [larger rash] which appeared all over his skin and he felt pain throughout his body. When he couldn't bear that, I asked him to XXX. He said what should we do? He would go to work. But when we arrived at the hospital…I brought him to the hospital. In short, he was ill at home nearly one year already and his color became darker and darker. Then I brought him to test his blood at XXX. He and I had HIV, but not my son. He and I had HIV, but when I know that my husband had it, I was unconscious for 2 nights.* (P6, age 28)

P14 followed what her neighbor recommended for her husband's itching on his leg and hands. When she gave her husband the remedy fruit, the itching spread to the whole body. They were not aware of HIV symptoms and first sought treatment in their traditional medicine.

> *Before I went to test my blood, he had itchiness on the half of hand and half of his leg, then my neighbor told me to buy strychnine [Slegn, a poisonous fruit that some people believe can be used to cure HIV], to soak and cut it into 10 slices and take 2 slices in the morning and 2 in the evening. After he took it, the itching lesions spread to his whole body. And I bought medicine for him to take but he did not recover.* (P14, age 37)

Three other women also used traditional herbs for their symptoms, such as cough and diarrhea, and backache. Taking herbs seemed to be a popular remedy for many sicknesses, as stated by P11, *"First, he had herpes and when he ate something, he often had diarrhea and fever, like that, and he got hot and cool"* and by P12, *"I found a Khmer traditional healer to provide medicine for it [herpes]. I never knew about it [the HIV test]."* In the case of P3, the elders in the village diagnosed her sickness as *Teas,* blaming her because she and her husband started having sex too early for her to recover her health after childbirth. She herself suspected something strange was happening in her vagina and body, but just took traditional herbs for the symptoms.

> *I started having sex with my husband 6 months after my delivery. I had some suspicions, because, I used to notice that, each time after having sex, the sperm of my husband, normally, it wasn't hot, but it was warm now, when it entered into my body. It was strange. I was aware and wondered what was happening then, whether I had seda [STI infection]. It was strange. Since then I always*

> *fell sick, lost body weight, had backbone pain, and when I looked in mirror, it seemed strange. I found my face was different, it looked darker. The old folks said, I am Teas [according to older generations, the disease women develop when they have sex too soon after childbirth, so their health hasn't had a chance to recover]. I took traditional herbs. Later on, I felt I had a headache and I went to steam, but people said I just delivered.* (P2, age 42)

Interestingly, all participants that first sought traditional remedies at their village doctor's office resided in rural area during that time. It is not known if their decisions would have been different if they had lived in a more urban area with likely more accessible health care services. It is assumed that connecting their sickness with HIV disease may not have been their first thought because the test was not publicly well-known, and the women did not have the information about HIV and the test at that time. To my knowledge, the Voluntary Confidential Counseling and Test (VCCT) are now prevailed all over the country, even in remote areas like islands, and the service is well promoted among the people through mass media.

Neither P2 nor P10 suspected that either they or their husbands were HIV-positive. P2 believed her husband was using protective means when he was with other women. P10's husband never suspected he had the virus, even while being sick for 2 years at home.

> *I didn't know at that time, and that's why I got infected. I didn't know because I never thought that my husband slept with other girls without using a condom, not using condoms made him get infected, and he transmitted it to me.* (P2, age 42)

> *Hmmm. A bit late. About 2 years. He was at home. And he didn't wonder that he had that illness for 2 years. Never suspected that*...(P10, age 42)

P7 was confident that her husband was being honest with her; thus, there was no need for her to get tested: *"I used to hear [about HIV] but I think that my husband is honest, very honest like a straight line…I have confidence in him."*

Sometimes, the sickness was hidden under other diseases. Although P4 and P5 brought their husbands to the hospital, they did not get tested for HIV. Instead, the doctors operated on P4's husband several times and gave P5's husband the treatment for typhoid fever. Although they spent a lot of money and time to treat him, his condition did not improve.

> *Yes! He had operations there two or three times. He felt pain; we weren't aware that he had the gland. He had an operation and they didn't do a blood test for him. They said his liver is good and blood also good, everything is good, but he still had pain so we spent a lot of money*. (P4, age 31)

> *He became ill; he checked and knew earlier than me. When he was ill the first time, I thought he had typhoid fever or other fever. But then he had it for a longer time, after being treated for typhoid fever, he still was ill. Although he was treated again, he still was ill*. (P5, age 32)

P1 felt the need for the blood test deep in her heart, yet she delayed her decision because of fears of testing positive, of death, and of knowing the truth.

> *Before, I had a lot of itchy points on half of my body. First, I didn't know that I had HIV, but I had severe headache. I sold cake, and I was tired and had headache. My chest hurt, and I had TB. My cousin-in-law asked me to have my blood tested or I would not know what was going on with me. I rejected that because I was so scared, and I thought if I had it, I would die. But I felt that I had it already because I already knew that my husband had it. I knew but I didn't have my blood tested.* (P1, age 39)

In the case of P7, she did not do the test again after getting a negative result for the first test. The doctor recommended she come back after 6 months because of her husband's result being positive. However, she ignored the advice for 3 years because she felt she was in good physical health.

> *I just went to test blood when he knew he had it, and I did not have it, and doctor told me that after 6 months I needed to come to test my blood one more time. But at that time, I was lazy and I ignored it because I was not sick. And he often reminds me, but I think [no need]...Then, I felt sick, such as my weight decreasing , so at that time he nagged me to come, nagged me until I agreed. When I came to [get it] checked, I saw I have it [disease]. During 3 years, I never came to the hospital [to check it again] even one time.* (P7, age 34)

Drawing blood for the HIV test: While some of the participants delayed getting tested, all of them, and their husbands, finally had their blood drawn for HIV testing. In many cases, they were seriously sick when they were tested for HIV. They experienced unexplained weakness and other symptoms such as fever, stomachache, typhoid, diarrhea, and flu. P14 had often STIs with symptoms such as blisters in her genital area and skin rash. She sought out treatment for the infection every time, knowing that it was from her husband. Finally, she decided to get the HIV test, following her sister's advice.

> *Yes, it was sexual transmission infections, and sometime I had blisters on my genital area like this, and sometimes I had tleaksor [vaginal discharge] and it became like a mushroom [disease]. Sometimes I had a skin rash and masses in my mouth. I had a lot of diseases since I married him. I am sick all the time. I got sexual transmission infections from him every time. So she [her sister] often advised me again and again until I decided to get my blood tested.* (P14, diagnosed with HIV in 2006)

When P3 delivered her second baby, her sickness started. She had severe headaches, dizziness, and typhoid fever. She sought treatment for those symptoms at the hospital, but was broke financially due to the hospital charge, since her salary was only $ 15 USD a month. The doctor kindly let her owe him the charge for the blood test. The doctor suspected she had HIV because her symptoms were not going away; the test confirmed his suspicions.

> *We didn't have blood tests when we got married because at that time we didn't know clearly about having that problem. One year later, after getting married, we had a baby. The first child was born in 1995, and then I got pregnant the second time when the first child was 2 years old. After delivery, I started having headaches, dizziness, typhoid fever, and stomach pain. So, I went to see a doctor who worked at XXX hospital, but ran clinic at the XXX market. At that time the salary of a soldier was 60,000 riel [$15 USD], I had no money, so he let me owe him. He said I can pay him off when I got my salary and he cured my stomach and typhoid problem again; I just started having cough with blood, without any sickness. Once I coughed with blood, and the doctor asked me, if I had had any blood test. I said, test for what? He said test to find HIV. After hearing that, I was shocked and I told the doctor that I had never done that test before, and he asked me if I wanted to do that. I told him yes, doctor*. (P3, diagnosed with HIV in 2002)

The order of getting the test was dependent on the families; in some of the couples, it was the husband first, and in others, the wife did it first. As one spouse was found to be positive, the other spouse was given the recommendation to get tested, too. *"When he had his blood tested, he asked me to test mine too, and when I had it tested, I also had the virus too."* explained P13. When P2's husband was tested for HIV and found to be positive, P2 had the test in the same hospital.

> *Because they knew that my husband had HIV, so the doctor said I should have my blood tested too. There were promotions about it at that time. There were patients. When I slept [in the hospital], promoters came and said that if the husband had HIV, but wife didn't have [symptoms], you must [have the test too]. (*P2, diagnosed with HIV in 1999)

In four out of 15 cases, wives had the test before their husbands.

> *I went to get tested first... I saw the result (positive HIV)... just for one time...so I told him to test his blood also. When he tested his blood, he also had HIV. When I tested it at a big hospital...military hospital...I tested it at XXX hospital...and I also saw it at XXX and XXX hospital. I saw the result I have...I told my husband to test it...he also got tested and have the disease.* (P3, diagnosed with HIV in 1999)

P15's husband delayed his test while taking care of his wife who was diagnosed as HIV-positive first. He had his test once her condition improved. *"When I told him [about the test being positive], he did not yet go for his blood test; he stayed to take care of me first. When I was better, he went for his test, and he also was positive."* P11 and her husband found out on the same day. *"When I saw the results immediately, I called my husband the evening of that day, to get his blood tested."*

Two women discovered they were HIV-positive while pregnant. When P9 and P11 were pregnant, their doctors recommended they get tested for HIV even though they did not have any suspicious symptoms. P11 said, *"In short, I found out about the HIV when I was pregnant. They tested my blood."* There was a requirement for pregnant women to get tested for HIV in order to prevent the transmission from the mother to the child while in the hospital.

> *I...knew because I went to check my pregnancy when it was 5 months at XXX hospital and he [the doctor] requested I get my blood tested to check for this virus [HIV]. I did not have any confidence [about it] myself, so then I allowed the doctor to take my blood to check [it]. And when...I tested my blood, so I knew myself that I had the disease*. (P 9, diagnosed with HIV in 2003)

Some were brought to the hospital by their siblings. P12's sister was infected with HIV before P12, so she easily detected the possibility of HIV in P12 from her symptoms. She recommended her sister to get the test.

> *My younger sister said, "You have cough, flu, like this. You have injuries like this; you maybe have herpes disease on your legs. Similarly you [could] have HIV that infected me firstly like this. You should go to test your blood to verify that if there is no virus, there is no virus." If the result was positive, it wouldn't be too late. We need the service to use like this. So I followed my younger sister's advice*. (P12, diagnosed with HIV in 2008)

> *Yes, [my] younger sibling, XXX. After that I got thrush on my tongue, my mouth got thrush. My face also got…from that time I became thinner and thinner, so my younger sibling brought me to have a blood test, that way I could know. My friends told [long pause]…After that I got blood test and I go for a service at XXX Hospital*. (P15, diagnosed with HIV in 2009)

Some participants, however, became sensible to the need to get tested as they began to suspect their husbands' and their symptoms as being from HIV. The illnesses did not improve for a long time, in spite of good treatment, and recurred. P8 often suffered from headaches and dizziness, and also witnessed her husband associating with another woman.

> *I suspected that I had HIV since I often had headache and dizziness. I usually had headaches more often than others, and dizziness... And as usual I rarely am sick. And I feel worried when I saw him with other girl like that. That girl used to be with him on the road, they stayed close to each other. I knew that girl and I always fought her, too. I just fought a bit, just slapped her once, and I talked to her, but she didn't listen to me.* (P 8, diagnosed with HIV in 2010)

P11 went by herself to RAHC clinic to consult because she suspected something had happened to her husband and her. A clinic doctor recommended that they both get the HIV test. She appeared to be wise to go to the RAHC clinic, since they have free HIV tests as one of their main programs for the public.

> *I did not know [that it might be HIV] but I suspected. Yes. When he ate something that was not good, he had diarrhea [repeat the sentence]. So I suspected and when I was two months' pregnant, that day at about 1 o'clock, I took a nap at mid-day, and I still suspected, and at night when I touched his body, he had a fever, it was not normal. I have been married to him more than 10 years; I know his health before and now. Then I walked to RACH organization, I did not take motor taxi [motor dob] because I was afraid that I spent money [to pay] at that time. At that time I went to RACH organization to allow them to test my blood. And I told RACH organization about my husband's case like this, then they suspected so they said whether I can test my blood to find HIV or not.* (P11, diagnosed with HIV in 2008*)*

P6 brought her husband to the hospital for getting his blood tested for HIV. She married at the age of 15 and went to the hospital at the age of 18, when the couple had been married for three years. Her young age seemed to be the reason why the doctor wondered at her behavior and hid the results of her test from her.

> *XXX hospital, I took him in the hospital, he suddenly asked me why I took him there. That doctor also asked me why I was there. I said I came to test [my] blood for HIV but I would ask the doctor to test him firstly. When that doctor saw that I was so young, he didn't tell me and [hid the results from] me. He told me that I have no HIV. But I knew myself already that I had HIV because I took Khmer herbs and also medication from the doctor, and still was not improved…I knew because of his symptoms, such as fever, night sweating heavily, so I went to buy drugs for him, and intravenous fluid. However, he still was the same. So I became suspicious of him. I suspected that he had HIV. Because there is no drug that could make him better. When I suspected that he had HIV, then it became true.* (P6, diagnosed with HIV in 2001)

P12 had her blood tested for HIV because she herself wondered about her weakness and herpes, which her husband did not have.

> *I went to get my blood tested by myself because I was weaker than him. So I wondered, I am woman why am I weaker than him, and at that time I had boils and wounds and herpes, but my husband did not have it at all.* (P9, diagnosed with HIV in 2008)

When P9 found out she was HIV positive, she suspected her husband's status, as had lost weight and had a skin problem on his leg. She asked him to get it checked, but he simply responded he did not have the virus. It is not clear if he just ignored his wife's advice or had already checked but they did not find anything in his body.

> *Frankly speaking, when I knew I had it [HIV], I started suspecting him because he lost his weight and had itchy on his legs. [Pause] I thought he might have it, too and would have. I asked him to go [to check]. He did not go, but he said that he did not have [HIV].* (P9, diagnosed with HIV in 2003)

As the women or couple found out their status, they were encouraged to have their children checked. Three of all 24 children of the women were infected from their mothers. Of P3's children, one tested positive and one tested negative.

> *Finally my child also is sick. Someone told me to bring my child to hospital...I also bring my child to this hospital. I wanted to know. Two or three days later I brought both of my children to get tested at the big hospital. After they were tested, I saw the results. One had HIV and one did not.* (P2, age 42)

Another couple worried about their children when they discovered their status. Luckily, both children tested negative. The children were 7 and 11 years old at the time of testing, and the couple had discovered their positive diagnosis a year before she was interviewed. It may be that the children were not infected because their mother had not contracted HIV until after the second was born.

> *We worried about our children, if they had HIV too. My husband and I just found out that we have HIV in 2010. And my children stopped sucking my milk long ago because he [the youngest] is 7 years old now [the oldest son is 11 years old]. Then the doctor asked to test their blood, too. When they were tested, both of them did not have HIV \laugh\ because my husband had just had it for over one year.* (P8, age 33)

Of the participants, three had the test a second time to validate the positive result because they could not believe the fact. According to P11, *"And then I tested my blood one more time at RACH*

organization to make sure that I have [it]." P9's husband tested the children three times. Their repeated tests demonstrate how hard it was to accept the fact of the disease, and how much they never expected it.

> *When the result was negative, he said, "I did not have confidence much," even though I went to National Children Hospital… uh...then I went one more time to make be sure, so I took both of my children to get tested, but they still didn't have disease. He himself also still didn't believe it completely, so he went to check at XXX one more time too.* (P9, age 31)

Sadly, P1 lost one of her children to the disease: *"The seventh child, he died of HIV when he was 4 months old."*

Encountering HIV: accepting an unwelcome guest

> *When I knew that, as I said, I couldn't say anything and got depressed immediately. I didn't want to do anything and didn't want to live anymore. I also said in front of him that I do not want to live anymore. I felt miserable at first.* (P8, diagnosed with HIV in 2010)

The subtheme refers to emotions and experiences of the couple when they become self-identified as a person with HIV "Accepting an unwelcome guest".

Partner notification: "He didn't tell me": The couples often spent some time together until a partner was notified by their spouses of the diagnosis. It took P9 three years until she disclosed her status to everyone including her husband. Only her doctor and she knew her status. She was afraid that her husband would get depressed by her news. So, she decided to keep it to herself until he became more emotionally stable and she had a second child. Her reaction was not anger toward her husband but concern about his emotions.

> *He did test his blood in 2003 and I hid [the result of HIV positive]. My young sibling also did not know, and only the doctor knew about it. The doctor gave a letter to me, and I hid this letter. I did not allow anybody to know about it (long pause). For this, I hid it for 3 years. I just made a mistake by not using a condom and I had one more child. I waited for 1 year and 6 months after I gave birth to my child. At that time...frankly speaking, I did not want...to tell him. I was afraid that when I tell him, he would lose his mind. Then I got an idea to wait until I had this child (second child). I want to tie him [keep him in the marriage]. I didn't want him to do something wrong like follow his emotion, so I hid this from him until his mind became stable.* (P9, age 31)

P7's husband kept the news to himself for four or five months. P7 understood that he didn't want his wife to be sad because of the news.

> *He didn't tell me as soon as he found out, but I asked him strongly, as he felt rigid. He didn't want his wife to know and feel sad with him, that's why he didn't tell me sooner. It took a long time [before finding out his status], around 4 to 5 months, I didn't know. One day, he sat sadly and motionlessly by himself. He said, 'Should I tell or shouldn't tell?' He thought like that alone, he worried if he told his wife then the wife would be sad.* (P7, age 34)

At first, P13's husband lied to his wife, telling her he had liver cancer. After three days, he told the truth.

> *He didn't tell me but cried and hugged me. He cried loudly. I wondered why and he said that the doctor said he had liver cancer. I said it [liver cancer] is all right, just a little problem. And 3 days after that, he told me that he had HIV.* (P13, age 28)

P8's husband was concerned about the family's health when he discovered he was HIV-positive. Instead of telling his wife the news, he wanted to get separate household utensils for each member of the family. Finally, he told her that they had both contracted HIV.

> *When we arrived home, he said we should buy scissors for our kids and for us. I was suspicious why we should buy one pair of scissors for the children and one for mother. He hadn't dared to tell me yet. He didn't tell me immediately, so I was wondering why I should have a pair of scissors for each of us. I should have paid some attention, but didn't. I got his point sometime, so I assumed that there may something unusual. One day when we went to bed and the children fell asleep, he told me that we had contracted HIV.* (P8, age 33)

P13 heard the news from her mother. Her husband would not dare to tell her directly and instead told his mother-in-law first.

> *Yes, first he dared not tell me, too, (cross talk) he went to my mother. My mother came back home and hid it from me, too. Until 3 days later, then she told me to have my blood tested. Why did she tell me to test my blood if I was not sick or anything? After that she agreed to tell me that there was this problem [that I may have HIV].* (P13, age 28)

First reaction: sinking heart. When participants learned of their HIV seropositivity, most of them were shocked and found it hard to believe that their husbands had infected them with the virus. 'Encountering HIV: accepting an unwelcomed guest' refers to the emotions and experiences that the women and their spouses went through while encountering HIV. Some women went around in a daze and were totally distraught by the unexpected news. They felt ashamed, did not want to live any more, and worried about the care of their children, as described by P1: *"I was so scared and shocked. I*

seemed to not want to live anymore, too many children to feed, and felt very ashamed." P1 was diagnosed with HIV in 1998.

P3's body began to shake, and she was not able to focus on anything when she was diagnosed in 1999. She shared, "All my hands and legs were shaking, and I could not do anything." P2 became speechless at the announcement; she had thought that the virus existed in other countries but not in Cambodia.

> *When I had my blood tested, and the result was positive. I was speechless. I didn't know [it] because I had heard it was in India, Thailand from TV, but not for Cambodia. I didn't know [it] until I fell sick and I realized that [the virus was in Cambodia, too]* (P2, diagnosed with HIV in 1999)

When P4 first heard her diagnosis, her heart sank. She was afraid of being rejected by society. She had observed how the virus made life difficult for her older sister who had been living with HIV, being tired and frequently hospitalized.

> *Tleaktek chet [sinking heart] that I had this virus that the society hates. Then I feel, why do I have this illness? My feeling tells me I... I do not want to have this virus in my body... because it will make it very difficult in my body. Look at my older sister, she was infected by her husband... she is sick...tired and always sleeps at hospital*. (P4, diagnosed with HIV in 2006)

P12 wanted to be left alone on the day of the test.

> *My sister brought me to hospital. Then I went to Monk hospital. When I knew that I had [HIV], I did not want to ride the motorbike. I wanted to walk along the national road alone, and my sister cried and called me to sit on the motorbike. I said I was not going home. I said to my sister "You go home alone. I do not want to go."* (P12, diagnosed with HIV in 2008)

The average number of years that the participants had known about their HIV diagnosis was 7. 5 years, with range of one to 14 years.

Going Public: afraid of discrimination

> *"I was afraid that [the news] would spread, so it would be difficult in my work place [construction site]. I was afraid they would discriminate against me."* (P1, age 39)

Encountering shock and strong emotions were just the start. Going public was another step that the women faced. The subtheme refers to the fears of being discriminated against by people when

disclosing the news of the HIV diagnosis. It took some time before participants let others know of their status, whether it was within their families, their places of work, or the hospital. There was a deep fear of discrimination and abandonment. At the time of her interview (in 2011), P11 had still not disclosed her diagnosis at her place of work, even though she was diagnosed with HIV in 2008. Since she had not disclosed her circumstances, she had the added burden of trying to get leave permission for her hospital appointments. In the factory, people did not know about her disease so they doubted that she was sick enough to warrant the time off.

> *The main problem is that I have some difficulty asking for permission for medical check-usp or having blood tests [like CD4 count]. They are so strict when I ask for leave permission. They don't know that I am positive. Sometimes I tried to find excuses for leave permission during each medical check-up. They asked that what's wrong with me, I always worked overtime. They wondered like that, and I never dared to tell them that I have that disease.* (P11, diagnosed with HIV in 2008)

Some, like P6 and the husband of P11, hesitated to go to a hospital to get service. At the time of her HIV diagnosis, P6 was 18 years old. For a long time, she was not brave enough to voluntarily see a doctor. However, as her symptoms became serious and she felt pity for her young son, she decided to get treatment.

> *In short, I was really miserable because I didn't dare to come to the hospital. When I knew, I was too young. I just stayed at home for a long time. I didn't want others to know…I didn't come because I was very shy. Who would come if I was too young and have HIV? I didn't come to see the doctor until my skin color became darker and darker, and I had some spots on my skin. And I pitied my son who cried a lot, so eventually I came to the hospital. When I had arrived, the doctor said that HIV doesn't mean that I have it and I will die soon. They can delay it to make us live longer. Some people didn't have HIV, they have other diseases, but they might die earlier. That doctor explained a lot to me. They said that I should think of my son, too. So I came to get ARV at the hospital every month.* (P6, age 28)

P11 encouraged her husband to get treatment by saying that there were many people at the hospital like them. However, her husband was reluctant and not ready to go public, even to get treatment to save his life.

> *Then I always told him that, "human beings, not only you, not only man like you or a woman like me, when they created the hospital. There are a lot of people that have this disease." I always*

> *consoled him like this, like that. But he still did not listen, did not agree with treatment.* (P11, age 32)

P10's husband resigned from his job when he found out about the diagnosis. It is not clear from his wife's interview of his intention, why he chose to quit his job. He might not have been confident in his ability, as someone with HIV in his body, to work as a soldier.

> *As a soldier, at that time they dispatched the troops. He already knew that he had this virus. When they listed his name to dispatch, he resigned*. (P10, age 42)

The Loss of the Future

The Woman as Person: The Forsaken One

> *My husband had much money, car, and at home I had 2 servants. He was a chief, and he had a business with his brother in XXX also…my husband passed away because of HIV. Nothing left for me, I sold my house to support myself, and finally, my children do not have anything, too. This is all about my life, real life, and whenever I described my life, I always cried. I was so high, but now I live under the poverty line. I do not have even an old bike to ride, and that is my life….. When I got married I hoped that I would have happiness with him, we would have children, and there would be no dispute, no divorce. Finally, I didn't expect that we would separate and I would be left with 5,6 children. I had 8 children but two have passed away due to dengue fever and AIDS-related disease, so now there are only 6 children who are remaining. With my new husband I have only one child, and now she is about 3 year-old, this month turns 3 years old.* (P1, age 39)

> *[He] gave me enough pain to die. And, during the last 15, 16 years I never had happiness, a future, never have the word happy in my feelings or in my heart to make me excited, no. There is only sadness; my chest is nearly torn and sometimes my chest was nearly jammed to die.* (P14, age 37)

As the women became people with HIV, their future was lost. *'The Loss of the Future, The Woman as Person: The Forsaken One'* refers to experiences they have gone through since contracting HIV and the challenges they expect to go through in the future. Once they had their sense of place and belonging, but now they, women as persons, are forsaken and forgotten. They lost any position that they once had in society. There is only pain, hopelessness, despair and uncertainty. All they had was lost and nothing would be better. This reality is their "today," Today, they endure suffering, physical pain,

rejection, and poverty. There are no choices. It is where they find themselves now, striving to live. The theme consists of two subthemes '*Undergoing Changes: Changed a lot!' and 'Moving on with Life"*

Undergoing Changes: Changed a lot!

I changed a lot. (P14, age 37)

The theme *Undergoing Changes: Changed a lot!* defines changes that have happened and hardships to come. This theme involves three subthemes: (a) tolerating emotional pain, (b) physically suffering, (c) undergoing change in the interpersonal relationship, (d) experiencing changes in intimate relationship, (e) facing changes in social relationships, and (f) suffering economic consequences. A definition of the theme and the associated subthemes are presented in Table 9.

Table 9. Undergoing Changes: *"Changed a lot!"*

Theme/Definition	Subtheme/Definition	Category
Undergoing Changes: Changed a lot!	**Tolerating emotional pain: Hopeless, hopeless, hopeless**	o Being horrified o Losing innocence o Feeling victimized
Changes that have happened and hardships to come	Daily emotional toll of HIV and attitudes on the being infected by the husband and infecting the wife	o "Trusting him brought the disease to me" o Self-blaming: "because of me" o Apologizing
	Physically suffering	
	Physical pains a woman had and would have in the future	
	Undergoing change in the interpersonal relationship: "The husband becomes a good partner"	o Loss of spouse and creation of a new union o "My husband listens now!" o No more going out
	Changes that have occurred in the couple's interpersonal relationship	o Improved care of family from husband o Still acting according to his wishes

Having changes in intimate relationship: doing less but more carefully Changes that have occurred in the couple's sexual relationship	○ Less sex ○ Understanding wife's sexual feeling
Facing changes in social relationships: being perceived as an infected object Isolations that have experienced from the community and the family	○ Ostracized by community ○ Doubly hurt by the family
Suffering economic consequences: work one day to survive one day Frustrations and realities the couples faced due to not being able to earn enough to support the family	○ Going into bankruptcy ○ Suffering from hunger and poverty ○ Too weak to work ○ Spending everything on treatment

Tolerating emotional pain: Hopeless, hopeless

> *Before, I felt hopeless. Hopeless as my husband had HIV. Hopeless for myself when I knew that. Hopeless in my life, life's end, nothing else to think of.* <u>*Hopeless, hopeless*</u> *about ourselves.* (P2, age 42)

The participants went through a wide range of painful emotions. They felt hopelessness for the future, their husbands, themselves, their lives. The subtheme is defined as the daily emotional toll of HIV and attitudes on the being infected by the husband and infecting the wife.

Some women felt victimized and miserable. The women's emotions fluctuated as they went through their daily lives. They felt hatred toward their husbands and yet blamed themselves for not protecting their husbands from the virus.

Being horrified: They were frightened and horrified by the idea of not getting treatment for HIV. The virus is very cruel. They were afraid of dying, of not being guaranteed a tomorrow. Today they might seem fine, but tomorrow could be the end was a common refrain in interviews. As the household and family caretaker, they were most concerned about the impact their uncertain future would have on their children. The virus scared the women.

> *I was so scared, shocked and afraid of dying and no one to take care of my children.* (P1, age 39)

> *If I am talking about my feelings, I felt very horrified. I cried until I was exhausted. Finally then I controlled my mind; I changed a lot [in my feelings]. When I feel sad, it is because I remember that when I die I will leave my children alone when I have HIV. Sometimes, one day I am better, one day I am sick. Any day I am not sick, I am not. I often worry that I will not know when I am going to die. When it [the disease] has a strong reaction in my body, I go to the hospital and get medicine, and then I get better [after I take medicine]. I do not know when I might die because I do not know when the doctor can find medicine to treat me.* (P14, age 37)

P15 had suicide ideation describing her feelings that, *"When I am upset, I tend to go somewhere or do nothing and want to commit suicide. I want to take the drugs to die because I am so upset."* P3's pain was heart-rending; she knew that she had infected her child with HIV through breastfeeding. She felt miserable for her child who was purely innocent, *"I remember…one more child... I am very miserable, very hurt... I feel pity for this child who has been infected by breast feeding."*

Losing innocence: When they discovered the infection, the women lost the innocence that had kept them going in their lives. As human beings, the women were forgotten; they gave of themselves unconditionally throughout their lives only to be infected through the thoughtless actions of their husbands. P8 felt that both she and her husband were depressed, yet she felt more miserable. Her husband had enjoyed his life and just given her pain. Her husband tried to comfort her, but it was too late.

> *Yes, we both were miserable. He went out, had a new woman, and brought HIV to me. So he just comforted me because I was more miserable than him. Because it was his fault, he just tried to comfort me. I said that you shouldn't bring this disease to me like this. You were happy yourself but you gave me suffering. I do not want to live anymore. He tried to comfort me because he is the wrongdoer. He brought HIV to me, but when he talked again and again, and that was too late…* (P8, age 33)

Although innocent of any wrongdoing, P4 was left with only pain. She said, *"[I] feel unhappy. I got the infection from my husband. I was not unfaithful, but I have it [HIV]."*

P13 had done nothing except follow her parents' wishes for her to marry. Her brother advised that she and her husband get tested for HIV before they got married, but her parents ignored his advice. As short as a few months later, she discovered she had the disease.

> *Yes, I just agreed with them [parents], and my older brother told me that we should have our blood tested. But my mom said there was no need to test it. No problem. Just been married*

> *several months, not yet a year, 3 or 4 months, when I knew [he had the disease], he fell into sickness.: We got married on the 14th of November, but at the end of the year, I knew that he had it…and 3 days after that I had my blood tested, too and I was HIV positive as well.* (P13, age 28)

Feeling victimized: Many participants expressed feelings of anger toward their husbands. P4's life was destroyed by her husband since her diagnosis made it difficult to live in their community: *"[I am] angry at him...angry at him for liking to have girls... destroying my future, bringing the virus to me that makes other people hate [me]."*

P8 was also angry at her husband. She could not understand how someone who had been honest her whole life could become stuck in this situation.

> *I feel angry that I am honest with my husband; he shouldn't have spread that disease to me. I blamed him a lot. He was happy in his life. He shouldn't spread HIV to me like this. I blamed him a lot, but he said that he wondered how he could get HIV.* (P8, age 33)

P12 did not want to help her husband when she discovered her blood status. She wanted to let her husband die, because she felt he deserved it for infecting her like this and making her life miserable.

> *She [my sister] said that she wanted to take [my husband] to test his blood. I said that she did not need to bring him. I did not allow her to take him [to the hospital]. And keep him dying at that place and let me take the medicine alone. I said the one who commit [the transgression], that person [should] die. And I was angry.* (P12, age 40)

Eighteen at the time of her diagnosis, P14 no longer could bear being with her husband. Being near him provoked her to anger and tears. The pain was deep, taking 3 years to heal.

> *I didn't sleep with him for 3 years. I didn't sleep with him and only cried. I always cried whenever I saw him. My mom said that whenever I saw my husband, I felt miserable, that made me cry, so when she saw him she would come to me but I had already cried.* (P6, age 28)

Unbelievably, two of the husbands did not admit they were at fault. Instead, they accused their innocent spouses. Personally, I felt those husbands were mean and irresponsible.

> *I asked him that "Then I got transmitted by you, from outside the marriage?". And he said, "I do not know, but you suspect me...." He said, "It is unbelievable that you go out [had sex outside the marriage.]"* (P9, age 31)

> *I said, "You might have HIV," but he said, "You should not say about this, I never had other woman so how can I have HIV? And If I have, it means that I got it from you". He said that, so I*

> *said, "I hope that it is true." And he always refused to admit he did wrong and said that he had never been deceiving.* (P6, age 28)

Nonetheless, some women did not blame their husbands much. It seemed they felt it would be better to simply accept the reality. They told themselves that by blaming and getting angry at their husbands they gained nothing; any reactions would not bring back their normal lives. As P9 said, *"I know he had done it already (contracted HIV), so I do not blame on him. It is late."*

> *I was not angry with him. Honestly, some of my friends get angry with their husbands, and they want to kill their husbands. I said it is not appropriate to do so because it already happened. I saw one of my friends hold a knife, and she wanted to stab her husband, and I said it is not right to do so. People are different, but for me, I do not do that.* (P1, age 39)

P10 was very angry but did not show any negative emotion because he is her husband, and she felt she should show respect to him in any situation. *"I also felt angry....Angry, but I don't dare tell him. He is my husband ... don't dare to blame him."* P11's confidence in the love she and her husband shared looked to be very strong, even in face of this undesired situation, when she stated, *"Because I love him and he also loves me. It just is that he is a man, so he always has girls outside like this."*

Condemnation of their husbands was not the only emotion experienced. P6, P11, and P13 also felt pity for their spouses. P6 struggled between two emotions towards her husband, love and resentment, but displayed only love because of the pity she felt for him. She also believed her husband when he told her he had been unaware of his status and would not have married her if he had known.

> *Yes, it changed. I loved him very much, and when I found out, I had two feelings for him. But I never tell him that I hate him and resent him. I never talked like this, but when I saw him at mealtime, I called him to eat, and when he was ill, I looked after him. In short, I really pitied him when he said that if he knew that he had HIV he wouldn't have married me. But he didn't know himself.* (P6, age 28)

In P13's words, *"I seemed to not love him, but when I knew that he had it [HIV], I pitied him."*

"Trusting him brought the disease to me". For some women, it appeared that trusting their husbands resulted in them contracting a disease. P6, P9, and P12 found that their strong confidence in their husbands' faithfulness led to more emotional pain. Each believed their husbands to be gentle and

scrupulous in their efforts to protect the family from disease. The trust was absolute! Unfortunately, it also was unfounded.

> *I believed that he wasn't, He is a conscientious person and would never be unprotected from such a disease.* (P6, age 28)

> *He is very gentle. He regretted what he did. It is unbelievable. He is very gentle.* (P12, age 40)

Self-blaming: "because of me" Worst of all, as many as five women of the fifteen interviewed blamed themselves for the couples' infection. As P13 put it, it was *"because of myself*". They regretted the past, feeling that their refusal of their husbands' requests for sex drove the men to seek pleasure outside the marriage. This self-blaming in the interviews made no sense to me. Their position as a woman seems to be nowhere.

> *I think that I got it [HIV] because I didn't agree with him enough, so he went out to have other girls outside. Now I feel disappointed to let him go out. I got and he got it from those girls outside to the family. That makes me very disappointed, but as I knew it immediately. I didn't know about that problem, I just thought that I felt more comfortable, when he wasn't with me, I felt much better… But it was too late.* (P5, age 32)

P11 felt that it was her fault because she let her husband visit sex shops. She did not blame her husband at all. During the week of her period, or when she felt unwell, she asked him to fulfill his needs elsewhere and gave him some money for the sex service. She regretted her actions and resolved that she would not reject her husband's wishes for sex and would never let him go outside the marriage again.

> *I was not angry with him because I was wrong. I liked to allow him to sleep outside. When he wanted to sleep with me, I did not agree with him, and I told him to sleep outside. I was wrong. I saw when the wife saw their husband slept outside, they cannot control their mind. It is because of me, even after I had my menstruation and it took 7 days, and my husband asked to sleep with me, I did not agree. I offered to give money to my husband to sleep outside. I am disappointed but I didn't let my husband know how I feel about it: I will offer condoms to use. And I will not let him go even though I am sick or have anything, I must have sex with him. I will not let allow him to go out. I also regret, but it is late. But I cannot blame my husband. Because of me, I did not know what AIDS was [at that time].* (P11, age 32)

P10 felt both people in her marriage had been wrong. First, it was her husband's fault for having other women and bringing her the miserable virus; second, she was wrong for following her husband's.

> *[It was] wrong that my husband had a girl outside, went out and got this virus that made me miserable. Please do not imitate what I did. He did wrong and I followed him, I did wrong, wrong too…*

Her statement raises a question: What can be said about the traditional family values that require a wife's obedience to her husband in any matters, if fulfilling that role results in a hopeless life for her? Another woman, P15, suspected herself as the source of infection in her marriage. She thought she may be having been infected during a hospital stay for an abortion. To her knowledge, it was possible to get the virus at the hospital because she saw blood and an unclean environment. As a matter of fact, through her interviews, it was found that she never received a blood transfusion in the hospital.

> *I said…"It might be from that place, for that place was full of blood, washing was not very clean. Abortion, so…as if from myself or from another, also do not know. My husband said "Now, don't complain to any one, or it also could be from me." I think that, it [HIV] could be from me. I don't know, if we…not well understood, don't know where the disease is from, don't know. About this, we can't complain to anyone.* (P15, age 30)

Many participants took on the guilt, feeling sinful about their past. They thought their predetermined fate was written for them to have HIV in their lives. Some of them believed in the Buddhist Karma concept, which provides a meaning of "fruit" or "result". Karma states that one brings inevitable results upon oneself, good or bad, either in this life or in a reincarnation, according to one has done or one's fate. The belief was illustrated in the women's responses, like not blaming their husbands', and also gave them motivation to overcome the despair of living with the virus.

> *According to the Buddhism, it is Karma, such as in the previous life we did something bad; therefore, we met it in this life, which is according to the belief.* (P7, age 34)

> *I didn't get angry much with him…what I should do if…I think it is my fortune then…it was the fortune that has been written and I met it…Now I think that, what we can do, as everything already happened. I think that this is because of the Karma that I have so, it was my fortune*. (P13, age 28)

Many husbands felt sad, hopeless, perplexed, and disappointed with themselves, described in the participants' words. *"He felt sad and discouraged"* (P2, age 42), *"He seemed to be crazy"* (P4, age 31), *"When the result appeared, he was dismayed and it made him lose his mind"* (P9, age 31), and *"He felt*

disappointed for himself" (P14, age 37) were the types of comments made. P15's husband was seriously disturbed; He drank, cried, and had suicidal ideation like P15.

> *He reacted strongly, he was angry at himself. He was depressed…he drank alcohol; he cried and shouted he wanted to commit suicide: He gets angry at himself and wants to die soon. He is upset about being born to this life ,why he got this (HIV) and not only got this, also transmitted to our child, feels pity for the child, no time to work, always taking care of self and wife, he gets angry(long pause).* (P15, age 30)

A*pologizing.* The husbands responded differently to the knowledge that they transmitted HIV to their wives. Most of the men admitted to wrong doing and apologized by saying a very short, "Sorry." They attempted to soothe and console their spouses. P8 described her husband's actions, saying, *"When he knew that he had HIV, my husband seemed to know it was his fault. He tried to comfort me and did nothing but give me advice for the future."*

> *For one word [in short], he said that he did this bad thing only to me. It is enough for him, he had brought sin on himself and he does not want to make sin with any more girls. He said it like this. In short, he is respectful. For other men, it is not like this.* (P11, age 32)

> *He didn't say anything, he just said sorry, he didn't know that he was having that problem. If he knew that then he wouldn't have transmitted it to me. He just said that.* (P13, age 28)

P1's husband expressed the strongest apology, kneeling before his wife and declaring his remorse about his actions. However, it was too late for P1.

> *His response was that, he knew and he knew what to think, he was not stupid. That was his words to me. At the end, the time where he was almost dying, when he fell very sick, I arrived there for the last time. Then he kneeled and saluted me by saying that he was wrong. He stopped it now. I told him it was too late now.* (P1, age 39)

P3's husband seemed to be relatively stable, accepting the diagnosis because it already had happened.

> *Yes... He said, "mian ka mian taw" [an expression of acceptance for a situation, no matter what it is or how hard it is].What can we do if we already have it....It is time...He was calm ...*(P2, age 42)

The husband of P5 realized his wife had been right and confessed that if he had carefully followed her advice, the misfortune would not have happened.

> *He said nothing. Just said sorry. At that time, he got seriously sick,, he could not work because he was serious sick. At that time he did not believe that there was HIV, now it is true. If he had followed what I used to tell him since the beginning, then he wouldn't have been sick like that. But because he did not believe in HIV, he always followed his friends. He never thought about what I said. Until now he just remembered what I said. You used to make a joke about that but now it came true, he said. If he had listened to me at that time, today there would be no disease for us.* (P5, age 32)

Some husbands, however, never showed any remorse after their wives' diagnosis. P9's husband never said he was sorry or admitted he should prevent the transmission of the disease from himself to his wife. P12's husband also did not say anything but felt repentant about not being honest with his wife.

> *As I said, he said nothing. Meaning that, in the beginning, I had some anger, then I said [to him],"I will give up, I'll stop thinking about you, abandon you." But he didn't say anything [to me]. He never said that…'uh…"I shouldn't have transmitted this virus to my wife or to my child…" He never says even that, he never said, but just that, for example, [when] I forgot to take medicine, then he reminded me. Besides this, he never pays attention for pleasing me.* (P9, age 31)

> *He did not say anything, just that he regretted the time that he was not honest with me all the time. He just made a mistake accidentally one or two times, and then he got it.* (P12, age 40)

Three of the men at first did not admit that their wives had been infected by them, but later confessed to their undesirable pasts.

> *First he did not accept it. "But if you did not give it to me, where did I get it from?". I asked that. "I stayed at home, only delivered babies and raised children, never walked anywhere, you often went to drink outside and if you do not accept your mistake…" He did not say he was wrong, and he did not say sorry. No.: And RACH have yellow result card of his blood test to him. First, I saw [the result], then I told him to think for yourself and it was like this. He still did not accept that, oh now he said sorry, sorry he already made the mistake. What could I do if we were married and had this? He talked to me, consoled me.* (P14, age 37)

> *In short, before I often asked him that, "You had AIDS, that is why you often used syrup [took medicine] and didn't recover. I suspected you had AIDS. He said he never went to have sex with girl outside, how could he have it, so, "Only [I] was infected by you." He said like this, and I said, "Yes, make sure it was not [you never had sex with woman outside]." At that day he was sick, and was sick and did not recover. I consoled, consoled him, dragged him to the hospital to test his blood, it had [a positive result]. After having [the disease] he kneeled down and implored me. In fact, he knew he had [HIV]. Then he told me all. He said that he used to play [have sex] with one women who had 5-7 men, but he did not know that. And I asked him, "When you played, you did not use condom?"' He said he wore one. But some days, the condom was torn, some days it was not. He told me all.* (P6, age 28)

Physically suffering

> *It is difficult. Gives us fevers, headaches, and not comfortable. I get sick, I tend to…some time almost passes away. It causes me pain in my whole body. Even now it is the same, I hurt in my chest, I get shooting pain in my chest.* (P15, age 30)

Some participants experienced physical symptoms intermittently due to weak immune system functions. The subtheme refers to the physical pains and symptoms the women experienced and would expect while living with HIV. P15 often tends to be sick, suffering from pain throughout her body, fevers and headaches, to the point where she feels she is almost dying. On the other hand, P9 did not feel much different than before she had the virus, except for feeling exhausted all the time.

> *[In my experience with living with the disease], I said that there is nothing much different from a life without the disease. I live and can eat like others. I do business and work like others. But it is just different in that, when I work so hard, it is beyond my energy, so it makes me weaker. It is only this. I am different from others in how I get exhausted.*

Three husbands of participants experienced side effects from taking the ARV drug. P1's husband had become disabled since he started using the drug. P13's husband had leg problems that kept him from being able to work.

> *When he used the drug, half of his body became disabled. Now he is disabled.* (P1, age 39)

> *Yeah, he got leg problems, and cannot work hard. His leg always gets sluggish, and every day he wears shoes even when he walks at home. I told the doctor about that, and he said it is the effect of the drug. His weight is still the same, still 50kg, never gained weight at all.* (P13, age 28)

P15 and her husband were both frequently sick. Her husband's eye would swell enough that he felt the virus was destroying his eyes. P15's finger nails had disappeared.

> *My husband is fine, he gets sick only sometimes. It is not like me, when he gets sick; he takes ARV, so he is better. But he says that the disease seems to destroy his eyes. So he gets swollen, swollen…about 2 or 3 days and it is gone. It swells half of the eye lesion; it seems to destroy his eyes. Before, I was hurt in my arm, so my finger nails disappeared. Now my husband, it causes his eyes to be destroyed. All are swollen like this, about 4 or 5 days it disappears. He is sick…it swells one eye…the virus destroys and causes the pain, a shooting pain. It doesn't leave us comfortable; it is difficult to have this disease…*(P15, age 30)

During the interviews, not as many women complained about the physical sufferings of their spouses and what they themselves had experienced since the diagnosis, as I expected. This may be

partially due to the criterion that study subjects be women who were actively engaged in a sexual relationship at the time of recruitment.

Undergoing changes in interpersonal relationship: "The husband becomes a good partner"

He seems to give the decisions to me because I am the one who rides, the one who works. (P13, age 28)

The family roles and couples' relationships changed after diagnosis. The voices of many of the wives became empowered as the husbands began to lose their authority. The men regretted their offenses and tried to recover their roles as good husbands and fathers, becoming more caring towards their families. Seeing such change in their husbands gave the women a desire to live. However, others reported that their husbands were still reluctant to listen to their wives in some situations. All the participants continued to be faithful and supportive of their spouses. The subtheme refers to the changes that have occurred in the couples' relationships since diagnosis. Within these changes the women felt "My husband becomes a good partner"

Loss of spouse and creation of a new union. For three of the participants, the changes in their relationship were due to actual alterations in their marital status; two women divorced their husbands (P5, P15) while another's husband (P1) died from HIV. *"When I knew that [HIV infection] I divorced him and lived separately,"* explained P5.

P15 just left her husband between her two interviews with my interpreter and me, reporting the separation during our second meeting. During the two years since the couple had discovered their status in 2009, her husband had not changed his violent behavior and still did not cared about the family. She no longer could accept it. P15 recalled his words when she first mentioned divorcing: "*Firstly, he said that he wouldn't divorce me. He wanted to treat me badly until I die."* After that, she contacted the village committee working for family matters and finally could safely separate from him. She was finally saved from the cruelty she experienced for years while married to her husband.

> *But I said that I can't [endure any more], then I invited the village committee and the director in charge of divorce. They came to analyze [our marriage] and then we could divorce…I just want to make other people know, and he can't fight me anymore. And he could not come to me and could not talk about anything. If he comes here again, they will arrest him and they will solve this problem. He has no right to annoy me anymore because we are not in the marriage to each other anymore.* (P15, age 30)

In the case of P14, she made the decision to divorce, only to change her mind after the intervention of her parents and relatives. They advised her to divorce him only if she truly could not stand living with him anymore. Finally, she made the decision to stay married to him. In the interviews of the women, it did not clearly appeared how many of them thought of divorce but finally withdrew the idea.

> *When I argued and wanted to divorce, and we reached a decision until my parents drove took him away from our home, and his relatives came to talk about what can be done for our marriage. If I could live, live [with him], and they asked me to live with him, and wait to divorce? Another time, if he did not correct himself, they said "divide road to walk [separate], separate and divorce."* (P14, age 37)

For P6, however, divorce sounded like a useless solution. The virus had already invaded her body, and she already considered herself devoted to him for life, as his wife. Growing children was another reason she decided to remain married. The disease could not change her commitment.

> *[I am] not as my neighbors. They had HIV so they argued and got divorced, but I did not do the same as them. I think that we have HIV already, and if he knew that he had HIV he also wouldn't take me [wouldn't have married]. Although I could get a divorce, it would be still useless. Because I agreed to choose him, and now I have a child therefore I pity my child much more [if we divorced].* (P6, age 28)

Two of the women (P1, P5) who lost their original spouses due to death from HIV and divorce have met new partners. Both second husbands were already diagnosed with HIV at the time of their new unions. P1 met her second partner while she was hospitalized. Her new spouse took care of P1 when no one would. *"Oh, we [she and her new partner] knew each other when I was sick and staying in the hospital, and had no any relatives there to care for me. He pitied me, so he decided to look after me."*

P5 met her new husband during a tour held by a NGO. He was a staff member who the team's guide and showed an interest in her and her son. After the tour, they became a couple and have lived together since then.

> *I met him when we had the study tour organized by XXX [a NGO working for people with HIV/AIDS] so I went with his group, as he was a staff member there. I went with my child. Since I came with [my child] who was still small, then he always observed, watched, and asked me if I didn't come with my husband. I said I had no husband, as he had died. Then he asked if this was true. I said, yes it is true, my husband passed away since my child was small. He helped me find a room, took me the key to the room. He did like that to everybody, as he was the one who had the guesthouse keys. The next morning, we visited another place, so he joined us. He liked to play with my boy. And then he took the pictures with my son and he asked me to join them. He was the one who collected the photos from the photographer then he brought them to me. He wrote down his phone number on the back of the photos. Later on I missed him and called; since then, we continued to contact each other.* (P5, age 32)

From my observations during my close work with the women who were infected with HIV, the decision to meet a new partner after divorce or their husbands' deaths is critical. Some meet a new man either by chance or by arrangement, but others decide to strive ahead, alone with their children. The new partners tend to be men who contracted HIV. Some women have men as friends but do not live with them.

"My husband listens now!" One of the obvious changes in most of the couples' relationships was the growing involvement of many of the women in the family decision-making process. Most husbands began to listen to their wives and follow their opinions in family matters. The wives more freely expressed their feelings about their husbands' undesired behavior. Within the realm of household finances management, the men became more reliant on their women. P6 said, *"It wasn't the same before, as when I talk now, I am a superior. When he said something that made me unhappy I was angry with him, blamed him and went away."* This shift was echoed in the words of many of the women*: "My husband, if I talk, he will do it, he never is against me"* (P10, age 42); *"Since then he never disagrees with me,"* (P7, age 34); *"Whatever and wherever I go, he does not say anything much"* (P13, age 28). The women's increased power in the family was apparent. For example, P8 convinced her husband about the need for family planning. Her husband had wanted more children, but P8 disapproved because they had two children and lived with HIV. Finally, her husband followed P8's choice.

> *We have 2 sons but he wanted to have one daughter more. But I said that I don't want to have more because we have HIV like this. I said that I am too tired to be pregnant, just twice is enough. \laugh\. And my husband followed me too, he said it is ok. But in fact, he wants to have one more*

> *child. Since we have 2 sons already, I do not want to have another. I also wanted to have another one before I had HIV, but now I have HIV, I don't want any more children. It is difficult myself, and we have two already. I am really too tired to have more children*. (P8, age 33)

Unlike before, P11's husband began asking permission from his wife before he left to hang out with friends. Every time he went, his wife was most concerned for his safety, for him to come back safely.

> *Even though I did not stay at home, he said to his friends, "Just wait until my wife comes. I wait for my wife; I wait to tell my wife." He said like this. And when he already asked me and his friends told me more, and I said to them, "If you go to eat something, you eat, but you need to help to bring him home because he does not have A motor [cycle]."* (P11, age 32)

For P14, her husband's changes were evident in their intimate life. Now, when she said no to him, he listened. This had never happened before they had contracted HIV. *"I am the decision maker for it [having sex]. If he comes to find me and if I do not agree with him, he also cannot have sex with me… Before, he never listened to me."* She warned that if he did not follow her wishes, she would not look after him when he became sick. During the last 3 to 4 years, only she was there to care for him.

> *Now every day, I tell him, "If you do not listen to me, and there is no second time, I will not look after you again." I tell him like this. I am afraid of the stage that he is seriously sick. I told him that, "If I tell you and you do not listen to me and do not follow me, be careful when you fall sick second time, I will not look after you. I will stop looking after you. I do not have feeling to look after you," because I looked after him for 3 or 4 years. It was not a short time. I have looked after him and taken care of him.* (P14, age 37)

In the case of P1, she gained power because she became the sole provider for the family. Her new husband became disabled due to medication side effects.

> *The difference is that he couldn't make money; he didn't dare to speak with me in a big or small voice. Talking about sex, when he got the feeling that he'd like to have sex, he pleaded with me, he saluted me [placing both hands together, palms facing each other, in front of the chest with fingers pointing upward], but he couldn't force himself. When he got drunk, he didn't rape me, he didn't dare do that, he listened to me. He did it [sex] when I allowed him to do so*. (P1, age 39)

No more going out. P7 acknowledged about her husband, *"When he knew that he has this disease [HIV], he nearly ceased it [having a girl outside]."* P9's husband also quit going out to use sex services. P12's husband began to stay home and help his wife on their farm.

> *Like that, he does not need... since he has disease, he does not...want to seek to find service outside. He does not find it. Since he knows himself (has HIV), he is fed up with sex, he has already done it*. (P9, age 31)

> *He always stays home. He never goes from me. He stays at home and farms with me. I farm a lot of land. And the work of farming is important in my family. Every year I get a lot of profit from it.* (P12, age 40)

Other husbands regretted their past. They realized that only their wives were committed to married life with them and the allure of women outside of the marriage faded. *"Now, he never goes out. When he has his friends, his friends go to karaoke like this, he said that karaoke women cannot compare to his wife."* (P14, age 37)

> *Nowadays, no [girls outside]. He had when he was sick and those women have gone away. None of them visited him, so he came to know there was only his wife who was taking care of him. There was only me who just gave birth.* (P4, age 31)

> *Nowadays, my husband, he thinks a lot, and he shared it with me. If there is a friend or brother asking him to go out, he said he didn't want to go, as it is the same, so it is better to stay at home. He spoke in front of me; moreover, he also told me that there is nothing better among one or another. For women outside, they are beautiful, but the beauty is on only their face and they will not compare with us. They [sex workers] have hundreds [clients], it is their business so they need to care their face beauty to attract men. "For my wife, she looked not so beautiful, as she didn't care her face much; however, she is just for [me]." That is what he said |laugh|.* (P9, age 31)

Improved care of family from husband. In time, those men became good husbands. They were concerned about their wives' health and wanted their wives to be happy. They loved their wives and became more devoted husbands, helping with housework and working for the family's future. Regretting his past behavior, P7's husband began to attend to his wife's needs in order to make amends. He would not let her travel to the hospital alone and instead gave her a ride on his motorcycle, and he brought her medicine and water to her to make sure she took it as needed. At home, he started helping with housework, like doing laundry.

> *He regrets. He pities me. He takes care of me, encourages me…When I come to hospital, he brings me to hospital every time. He does not let me take motordop [motor-taxi]; He helps for taking medicine, he takes it regularly. When it is time [to take a medicine], he carries a bottle of water [for me] |laugh|. He brings medicine to me. He works as police in [security] department near the XXX. And he brings our child to school; he helps me with all the things. Now he even*

> *washes clothes, also he helps me |laugh|. He does not often order me to do things like before*. (P7, age 34)

P11 was happy when she discussed the changes in her husband. In short, he had come to love his wife and care for her. When she was sick, he was the one who stayed next to her soaking her leg in the boiling water with ginger until early morning. She said, *"He said he transmitted [HIV] to me so I must die by his hand or live by his hand. He said only one word like this [to represent his repentance]."* He also accompanied her to her medical check-ups although it cut his salary since he had to use leave.

> *My husband changed to loving me. Yes. Love and pity for me. And looks after me very much. Like before when I took medicine immediately and I had a reaction with the medicine. He looked after me and he worried about me very much. During the night, he did not sleep, and my mother asked him to take me to XXX, and she said she will look after me, but he did not agree. He said he did not allow my mother to look after me. He takes care of me more than before. He loves and feels pity for me more than before. Even when I was seriously sick or had flu like these, at 4 a.m. he boiled water to soak my leg. And he did it to soak my leg. He put ginger into boiled water for me to soak my leg and he took the warm water to mix with the water for me to take a bath. In sum, when he have that disease then he loves me more, he never leaves me alone. Even every time I come to hospital for medical checkups, then he always accompanies me. It is difficult when asking for leave permission. If we take leave without permission then they cut our salary. However, he still accompanies me*. (P11, age 32)

P12 would not let her work outside under the sun; he was not happy when he would see his wife doing hard work.

> *Yes, he tells me to stay at home and just sell goods at home; He is not happy when I am stubborn to go to pull out grass; he says that he will stop working [if I work]. And he will go to pull out grass.* (P12, age 40)

P9's husband started thinking about the future and his health. He began to save for the future of their children.

> *When I knew that I had the disease and he also knew, he thought about the future of our children. He thought about his health. When he earns, he reserves [saves] for the future.* (P9, age 31)

P13's husband started wanting to accompany his wife during errands and visits: *"For example, when visiting my mother in-law, if I say I don't go, you can go alone. So he said that he does not want to*

go if he goes alone, so he does not go." P14 shared, *"He said every day he could not lose my face and he said he wanted to sleep with me every day."*

Still acting according to his wishes. On the other hand, there were still some areas where the husbands continued to be centers all decisions around himself. In most cases, they stopped seeing other women, but stropping drinking seems to be a harder decision for them. The wives warned them to reduce their alcohol consumption for their health. However, they still drank and created strife in the home. P3 said, *"Before no, but now he always gets drunk and makes me trouble."* P4's husband seemed to have developed a problem with his nerves because he would drink alcohol while taking his medication. The heavy drinking took a toll on his physical strength.

> *[I] talk but he does not listen to [me]. I tell him not to go. When he goes, he drinks and he takes medicine, so it is likely to have problems with his nerves. That is why it is hard when drinking, [although he] drinks a little bit but [he becomes] drunk because he is weak. He loses his control. So, when he comes home, he causes problems*. (P4, age 31)

> *I would say that he follows me just about that, but sometimes I tell him not to go anywhere, he does not listen. He now drinks beers, and whenever my relatives ask him to go with [them], he will go and does not listen to me that he is sick, so he should not drink.* (P13, age 28)

When P3's husband was drunk, he talked a lot and disturbed the family during the night. P3 was sick of his drinking habits.

> *Yes, I said...I always call him as pa... I said... pa stop smoking, if pa drink, just drink a little bit when having meal. Just drink a little for beer, just drink a little bit...if you drink like this...do not drink, your health is so weak...if he is drunk, he talk a lot...talk a lot and spread many stories at that time, he just talked useless. He just said what he remembers by himself...so it is like this...I am tired of it. Normally, I rest from our work, I have meal, I take a rest. If he talks like this at night every time...I cannot watch TV for relaxation...even watch any drama for a while, I cannot. He talks a lot alone - from one story to other stories, and the story against other stories.* (P2, age 42)

Unfortunately, P15's husband, who was always bad to her, changed for the worse after the HIV diagnosis and became crueler. *"He changed such as, after I had it [HIV], he did worse to me. He yelled and blamed me more."* He still did what he wished and did not concern himself with his wife's thoughts

and worries. He did not listen to her advice about drinking. *"I tell that, do not drink with this virus they told us not to drink. When we drink we reduce CD4. I tell him this."*

> *He goes for a walk; I forbid him and tell him not to do it, he really does. Totally he does not listen to me 100%, he listens to me only 10% of the time. Does not listen, so I myself get annoyed with myself. I worry about husband's not listening, self-sickness and child's sickness; I do not have anything, I upset myself.* (P15, age 30)

When P14's husband recovered some of his health (maybe, thanks to ARV), he started swearing and going out to drink.

> *Before he said, what I could do if I am already wrong?" But now he uses bad words. Since he has become strong [again] and he has started it [go out drinking] like before. Now I stop talking about what will happen. For everything, I stop hearing and talking.* (P14, age 37)

P15's reports of her husband's behavior proved to be the worst experiences of all the participants. Although his wife, young daughter, and himself were infected with the virus, he continued seeing other women and treating his family with extreme cruelty.

> *I just told him that he should not find other woman because I am ill. And he didn't follow and also found others. He said that he would do badly to me until I died. And he also said "I won't go anywhere, I will treat you badly until you die."* (P15, age 30)

He also continued to be physically violent to P15 and their daughter.

> *[He] hit on my arms, and scratched my eyes, boxing and slapping, and hit my head, so my head was cut. Never stitches after he hit my head, kept it like that. People asked me to divorce, but I did not. Since I have tolerated it from that time, I don't want to divorce. I agree, even alive or dying, we are patients to live with each other like this; Hmmm, how often he did like this…too many times, that is, I can't count, almost every day.; When he beat our kid's head heavily that nearly burst the kid's brain. He beat her badly.*

Below is from the field note that I wrote after the second interview.

> *In the first interview, P15 did not disclose this story but told some good things about her husband. A month later, she wanted to meet the interpreter and me again, although her daughter was hospitalized. So, we visited them in the children's hospital. I confirmed her voluntary participation in the second meeting several times. After the first meeting, she divorced her husband and during the second meeting, she shared all his bad behaviors, like committing violence and forced sex. Her life is all in despair and hopeless. During the interview she cried many times so we had to stop, and I asked if she wanted to continue and informed her anytime she could stop. The meeting went well.* (Field note after interviewing with P15)

Having changes in intimate relationship: doing less but more carefully

> *Yeah… frankly speaking, these days, he and I do not often have [sex]…To sum up, the shortest time we have sex is once in a half month, or the longest time, once in a month. I think maybe because we take the medicine. We are very different between then and now.* (P13, age 28)

In the couples' intimate relationships, there were many changes, too. Many husbands no longer sought their joy by fulfilling their sexual desires. Their health became weak and the quit forcing their wives to have sex. Instead, they began to enjoy their sexual lives with their wives, even though the frequency of sexual relations decreased. The subtheme refers to the changes that have occurred in the couple's sexual relationship. In sum, while the occurrence of sex diminished, the wives found that their husbands engaged in the activity more thoughtfully.

***Less sex*.** Many of the women reported changes in their husbands' bodies. Their husband's sexual desire decreased and they had less energy. As a result, sexual intercourse occurred less often and for shorter duration.

> *He is never angry with me as he has less desire. He is not the same as others' husbands who having sex for a longer time. And he had sex just for a short time. He lost desire earlier, he had sex with me only about 3 or 4 minutes then he lost feeling.* (P6, age 28)

> *Yes, when having sex with me, during sex, before ejaculation, his penis became small. [I] do not know the reason. There are a lot of times of this case.* (P14, age 37)

P5's husband told her that he no longer had energy for other women in his life like he had before, and promised her that he will live only with her.

> *He never went away, and one more thing is that he said to me that he only wants to live with me, he just has energy for me, but still not enough for me and has no energy for other girls. He said like this and he said, he has only enough energy for me, it can make him happy. He has no feeling to be with others.* (P5, age 32)

The frequency of sexual intercourse for the couples dropped to anywhere from once a week to once every six weeks. The husbands showed very little interest in sex anymore and were exhausted from their workday by the time they came home.

> *And my husband is different from before like that, in short, one week he sleeps with me [have sex] only one time. I work from Monday until Friday and work overtime every day; he does not sleep*

> *with me on these days. Every Saturday night he has sex with me because Sunday I do not work like this.* (P11, age 32)

> *He does not mind. Anyway he is older and he gets tired from work, so he does not often have an interest for this (for sex). He throws his mind about this and gives up it up; sometimes one time per week and sometimes also not at all. It is not regular. Like when I am ok, I allow him to have sex and when he does not have energy, he does not want it because he is exhausted from work.* (P12, age 40)

P14's husband's sexual desire, meanwhile, increased post-diagnosis. For some unknown reason, he does not want to miss sex more than two nights in a row.

> *Never say. He said now he more likely wants to have sex with me. He wants to say like this. I do not know the reason. But for this time, he does not know how it is he wants to have sex with me , we are separate one or two nights and when he comes back, he wants to have sex with me, but I do not like it. It is likely that I do not have feelings and not want to have sex. I told him like this that I do not want to sleep with him.* (P14, age 37)

However, P14 urged her husband not to have sex too often. She wanted to save their energy for work, in order to earn money for their children, not for sex. She felt thinking about children's future would be wiser considering the lives they faced.

> *Not every day, one time per week. Having sex with me, but I told him that I do not ban for spouse but because we have the disease. If we often have sex, it makes us Bak kam lang[exhausted, tired], tired, no energy to work. Think about working to earn for children, do not think about having sex.* (P14, age 37)

Understanding wife's sexual feeling. Some of the husbands changed their approach to sex with their wives. Before, they were only interested in fulfilling their desire. They didn't mind what their wives felt during sex. P5's husband began be concerned about his wife's feelings. Using what he can, given his health condition, he wanted to satisfy P5's desires.

> *He thinks about sex with me. He thinks that he gives me happiness because he thought that he is not healthy, so he couldn't have sex too often. In my family now, I am stronger than him. He is old and weak, but when I wanted to be with him, I teased and kid him. Sometimes he knew my feelings, that maybe I wanted to sleep with him. Therefore he asked me that if he slept in the natural way, he would ejaculate too fast, therefore he wanted to use finger. But I said there was no need [using finger], natural [way] is ok. |laugh|* (P5, age 32)

The shift in the husbands' feelings was shown in the understanding they gave to their wives' conditions. If their wives did not feel well, the husbands did not initiate sex, and they waited until their wives' menstruation cycle ended.

> *When my husband wanted, most of the time, I said I was unwell so that he could stop, stopped when I got my period. But the days where I didn't have my period, he did with me. He understood my feelings then, he said it is ok. When I got my period then, he said it is okay, he didn't sleep with me, but once I finished the period then he had that with me.* (P8, age 33)

> *My husband, he knows about his wife's problems very much. Although he wants to have sex, and if I am not ok, he does not have sex with me.* (P11, age 32)

> *Yes, I did it to feed with his need before I had HIV. After he had disease, he does not do it at all. He is quiet. He is quiet, when I provide to him, he agrees, and when I do not agree, he doesn't mind.* (P12, age 40)

However, the stories P15 shared were completely different from what the other women related. P15's husband continued to push his wife to have sex, regardless of her feelings. Even though both had HIV, he continued to inflict pain on P15, forcing her to have sex during her period.

> *Now, although I have menses, he still has sex with me. I feel painful a lot whenever he sleeps with me. He makes me hurt so I then go to the hospital and he still has sex with me.* (P15, age 30)

Undergoing changes in social relationships: being perceived as an infected object

> *Yes, I have changes...which are...before we are not sick...we live like other people...yes...like that...[but now] they look at us[as being] not equal to them.* (P2, age 42)

The women's families have undergone changes in their relationships with their community and the families. They have experienced social isolation in some ways in their communities. They became the most marginalized and discriminated against in society. The subtheme refers to the rejections that the women and their children have experienced from the community and the family.

Ostracized by community. P1 found that people no longer wanted to associate with her. They stopped buying anything from her and did not visit when she was sick. Her family was even evicted from their rental house after people discovered she was infected with HIV.

> *Having HIV changed my life a lot. Normally before, I sold something, and people wanted to buy it from me, but now they don't want to look at even my face. When I had some problem or was sick*

> *at night, if I had no HIV, they came to visit, but since I had HIV, they didn't come to visit at all. Now people in my community still discriminate against us, and when I get sick, they dismiss me from the house (rented house).* (P1, age 39)

P2 also experienced the same discrimination. She could not find a house nearby to rent because owners did not want her as a tenant. Once her neighbor knew her status, they would not come near her to buy anything. She felt isolated and rejected.

> *Yes, I cannot find [some place to live] nearby here so we went to my hometown; the business was not good because people there discriminated against us when they knew we had HIV. I hid it since I was at my hometown, I hid from my grandfather at my hometown, here I also hide from my neighbors where I rent the house because I cannot talk about it openly. Cambodians are good at discrimination.* (P2, age 42)

The children were also ostracized; parents would not let their children play with those of the participants. People spread rumors about the family.

> *Yes, other houses [my neighbors] look down on my children; they said they do not allow their children to play with my children, my neighbors. But in my village, the villagers do not know I have this disease. They do not know I am infected. They just know my husband is infected. Some know, but some do not know. But when my children go to play with their children first, they look down on us and discriminate against us. They said this, and said that.* (P14, age 37)

P15's neighbors were afraid of her. They felt disgusted by her presence. Her child was not allowed to play with the other children in the neighborhood. No one wanted to associate with her family.

> *When I got the disease, people at those villages, they were afraid of me, they are disgusted by me, even my child, they don't allow [their children] to play with. They are disgusted by me, I am upset with myself. Nowadays, no one helps, and my house looks not in a good shape, I cannot find income, so I so worry every day.* (P15, age 30)

When P3 needed rice, she sent her child buy it. However, the seller would not let the child buy any rice, and instead said something insulting. It upset P3, who consoled her child by telling him/her to ignore what others said.

> *When I lived with my mother-in-law in her house, my child went to buy rice pudding and they know that [the family have HIV], the rice pudding seller. I was upset when my child came back, I just told my child that 'you do not care what they said'* (P2, age 42)

In contrast, P3 and P9 felt community discrimination had lessened in recent years. She stated that since 2000 since more people are aware of the facts about HIV. However, they acknowledged that certain groups would still show prejudice against people with HIV.

> *On the other hand, nowadays, society doesn't discriminate against us, but there are still small groups of people discriminating against us.* (P2, age 42)

> *Now they do not often discriminate against AIDS patients. Now people understand a lot more (pause). It is not like before 2000. In 2000, people were strongly prejudiced. If they heard that we have AIDS, frankly speaking, like when we pass in front of their house, they would spit saliva on us.* (P9, age 31)

P15 worried about her situation. No one wanted to help her and her family. It seemed that her neighbors turned their backs on her. They closed their eyes to her sickness, poverty, and her husband's persistent violence.

> *Nowadays, it is hard only with this, and no one helps us and supports us, we are hard for both husband and wife. When we are sick, no one comes to help us; we live with each other and sometimes I or my child gets sick in turn. I work and also get sick too much and no one help us, such as the village chief; He rarely helps us (sobbing). The house we live in we got from others, who built a house for us. I am poor.* (P15, age 30)

***Doubly hurt by the family*.** Some participants experienced support from their parents and in-laws. P3 did not feel any rejection from her parents*: "Yes, no discrimination. Nowadays, I am eating rice with them, even though, we are in separate houses, but they [her parents] didn't want me to eat alone. When I am not around, they buy food for their grandchildren."* Since P4's husband became ill, his mother helped the couple financially. *"They [parents-in-law] help a lot since he has been sick, till he gets well."* When P9's family was told of her status, they continued to accept her as a member of the family, and encouraged her to find medical services.

> *If I am talking to the main point, in my family, when I knew that I have HIV, and since I have known I have (HIV), they [members in the family] are kind to me, understand me, and they support me, and encourage to find services.* (P9, age 31)

However, other family members often were not as compassionate. Even P9's brother looked down on his sister and her family. As P9 explained, *"When I talk to him [cousin], with good intention, he said the rich do not talk to the poor. He is like this. I do not know how to take his offence."*

P1 felt alone and painful. Her cousins did not accept her as before. They were angry at her and afraid that the couple was going to die soon or bringing the disease to them.

> *There are many things [changed]. Talking about my life, I can hardly say it out [loud]. My cousins discriminate against me. For example, they want me to work here, but I work there by following my husband, so they are angry with me. My life is so painful; they said I had tuberculosis, and my cousin thought that we were going to die. They left me alone; they didn't come to visit me.* (P1, age 39)

P10's family had to move when to a grandmother's home when her husband's brother refused to allow them to live in his house anymore. He was afraid the couple would transmit the virus to his children. He may have been scared of the virus due to ignorance of how it gets transmitted.

> *Our children live with theirs? My grandmother and I go to guard the farm. They [brother-in-law and his wife] don't let us live with them because they are afraid that it spread to their children…We are poor.* (P10, age 42)

Parents of the participants more likely accepted their children, but extended family appeared to be afraid of the virus infecting their loved ones, and did not try to understand the suffering of the participants.

Suffering economic consequences: work one day, survive one day

> *[We] work one day, survive one day.* (P15, age 30)

The finances of the women's families worsened as the couple became too weak to work. The participants tried to keep their hope, facing the hardship as well as they could, but it continued to remain challenging and ultimately they felt powerless to change it. They ended up facing extreme poverty. The subtheme refers to the frustrations and realities the couples faced due to not having enough money to support their family.

Going into bankruptcy. First, some of the families lost their properties. They sold all their property in order to pay for the needed treatments for themselves and their husbands. The diagnosis of HIV left many families broke, with nothing but the virus left. In P2's words, *"Nothing [was] left, house and other things were all sold."* P1 sold everything too. She sold her house to pay for her husband's and

grandmother's funerals and had nothing left. At one time, she was wealthy because of her husband, but now she was left empty.

> *Yes, I am. I sold everything when my husband died, and on the night I delivered my last child, my grandma died in that night too. I didn't have any money, so I sold my house to hold the funeral ceremony. I didn't even have my children at that time, but just a few years ago that they came back and live with me. They came back because they didn't listen to their older uncle.* (P1, age 39)

Before the virus struck, P4 and her husband had made a fortune from their work at the school and factory. They owned their home and had land and money. However, her husband started being unfaithful and he became sick. She disposed of all their properties in order to pay for his treatment.

> *My husband was a teacher, where he made good money, and I worked at the garment factory, so we both were helping each other to make income, then we had q house, land, and money. Later on, he had another girl, for whom the property was destroyed, and we just sold everything when he fell sick, because I didn't know he was having that, the disease. Therefore, we always visited doctor outside; we just were feeding the doctor outside.* (P4, age 31)

Another woman, P15, had to sell her land and possessions for her treatment.

> *I pay for my treatment until [I] have no more money; I sold my land and everything. Nowadays I borrow my father's land to live [on]. I have nothing. I am very poor and have no money because I aborted many time, that caused chronic disease in my womb [so I cannot work] and I also have HIV.* (P15, age 30)

The participants above once had standing, a position in their communities. They had their ***"place to stand."*** People looked up to them and were envious of their successes. But, now they have been cast off and left to fend for themselves.

***Suffering from hunger and poverty*.** Because of an inability to make enough income, some couples were not able to provide for their children. They had to give their children away to live with relatives so that the children could eat. When P1 was seriously sick, she sent five of her children to live with her siblings and sisters-in-law. She thought she would die soon and worried about who would feed the little ones.

> *Yes, 9 children, but 2 are already dead. I still have 7 children, but only 2 stay with me. When we were seriously sick, we gave away our children, 1 to my sister in law, 1 to my sibling. I was at hospital, called Chinese hospital, for 8 months, and thought I was about to die, so all my relatives*

> *took my children, one for each. Now I have only 2 children, one is 22 years old, and the other one is nearly 3 years old.* (P1, age 39)

P1 survived that scare and met a new partner who took care of her at the hospital. Sadly, her new husband became disabled due to ARV medication; all burdens were posed on her, since the stronger spouse needed to work and earn money. Her income was not enough to buy even rice. Sometimes, she borrowed some money from others, about $5 to $7 USD, to buy rice. Her family continued to live day-to-day. Moreover, her oldest son broke the law as a juvenile and nobody appeared able to discipline him. Her burden was not relieved when she found a new partner, and she is still struggling in poverty.

> *With the new husband, it is very difficult. I am responsible for everything, such as house rent. This husband I loved when I was sick and stayed in hospital for 8 months. They said I had tuberculosis, and my cousin thought that I was going to die. They left me alone, they didn't come to visit me, only my husband [new husband] who was there and looked after me. Unfortunately, now half of his body can't move. We met some trouble in our daily living conditions because I had a shortage of [money]; nobody helped us or assisted us to solve problems. I am in charge of feeding children, but my son makes me trouble, my husband is considered a disabled person, and our other children are small. We live in a rental house; I bought rice, and earned a very low salary, which was not adequate. Now there are four members in our family, as the rest of the children are living with my younger siblings. For the one whom they cannot discipline, he [oldest son] lives with me. If they could discipline him, then I would bring him to them to train. They pity us. Sometime I didn't have money and told them, and they granted me 20,000-30,000 riel [$5-$7.50 USD] to buy rice to eat. If you saw my situation then you would feel how difficult it is; sometimes I didn't have rice for cooking. My sister bought some rice for me*. (P1, age 39)

Being the wage-earner is P13's role for her family because her husband is too sick to work: *"He stays at home. It is because his leg is sluggish because we take the medicine; I worked alone and earn money to support the family by myself."* P10 had to leave her children to her brother-in-law to provide them a safe home. *"Children are at the district and living with my brother-in-law there."* Another woman, P15, aborted her baby because having one more child would limit her ability to work.

> *"I say totally, because I am poor so I did not keep it [the baby] [this means she aborted the baby]. So I do not have [more children]. If I have one again, then I have no work. If I have one more [again], I will die. One [child] is difficult enough*. (P15, age 30)

All efforts P2 made were not enough to overcome their extreme poverty. The total of two persons' salary ($80 USD) was still insufficient for rent, food, and transportation.

> *Don't know what to say; only want to work in order to earn money to live with my husband and children. Children live apart since we got married [children live elsewhere]. Now we are only two, husband and wife. To live independently, must find a job. And working in the organization can earn very little, but spend many in expenses, renting house and so on. The house fee is $30 per month. My salary is also $50, and [there is spending for] taking motor taxi. Although we do not take motor taxi, we still need to spend [for others]. We cannot afford it because of not enough money.* (P2, age 42)

P3 felt deep disappointment when she compared her family's situation with that of other families. They had lost their property, returning to their hometown with nothing. Her children compared their living conditions with those of their relatives and complained about the economic gap. Among their friends, only her children ride bicycles. P3 was sad because she was not able to meet the children's wishes.

> *I am bashful with neighbors and our relatives. Others don't have this virus, so they are able to make income and are rich and they have cars to ride, but for us, we fell sick, sold the house in Phnom Penh and came back to live in the countryside. I am feeling disappointed. I am very disappointed, every day, and I feel pity for my children, I am trying to make money to support my children's studies, because the children of my aunty, they are in grade 12 now, and my children always say they want to be doctors. But I said, "My dear, first you have to pass high school, then we will see you have the fortune to study to be a doctor, must struggle now, and try to get high school diploma." That is what I said to my children, I insisted on them. Nowadays, others children, their parents are rich…my children say, mom, riding a bicycle makes me tired, in conclusion, they say, their friends are riding motorcycles, nobody is riding a bicycle, but very few people. But I told them to struggle, as our life is just like this, what else do you want me to do, as I am working hard, even with or without sickness, I am still working.* (P2, age 42)

In P4's marriage, only her husband worked, and it was not enough to raise growing children, to pay for their food, school and clothes. The disease drove the family to poverty.

> *He is not often happy because he earns for living alone [is the only one of us working], so the children do not have enough [money] to study...no clothes for children...It is difficult... frankly speaking, the virus put my family in poverty in the first place...brought poverty in the first place.; No [I don't work], as nobody would be taking care of children and washing clothes or cooking. Children eat a lot when they become 10 years old and up; our income is not enough for their eating. Parents eat less, where children eat more, they eat more than parents; Very difficult. It is more difficult than before; in conclusion, it is very difficult. Poor, nowadays we are poor. Before we had enough to eat, but now, we didn't have enough, as we are lacking a lot.* (P4, age 31)

P11 complained about the conditions of the rooms in her house. Rented for $25 US per month, the house did not have enough fresh air. It gave the family a place to live, but they could only afford the rent and had to borrow money for electricity and water.

> *The place where we are living nowadays is rented from others, it is very stuffy, in sum, it is difficult to live in, because there is not enough air, but I thought that the rental cost is not too expensive, it just costs $25 [USD, per month], and some months when we are short of money then we can owe some to them for electricity and water expenses. I am renting a room with not enough air to come in and out [for circulation].* (P11, age 32)

Too weak to work. Due to the disease, the couples encountered many limitations to their ability to make a living. They often took sick leave from the job and were not able to take on extra work due to weakness. Making it even more difficult was that some participants did not share their health status with their colleagues. P2 did not receive her salary from the factory because she was gone for half of the month. She could not stand for over 8 hours at a stretch without food, one of the requirements for her job. She commented that she would prefer working with other sick people because healthy people did not understand the issues illness brings. Working in the garment factory made P4's exhaustion and dizziness worse, while her husband lost his teaching job due to memory loss and is now working in construction.

> *He allows me to work at XXX, XXX because I am not so healthy; therefore he did not allow me to work in factory….[I was] sick most of the time so the factory does not pay the salary; Yeah, not going to work a half month because of being sick, the factory did not pay the salary… so he [her husband] is not happy for me to work there, doing any work that is suitable with our strength because I am weak.; Yeah, [I can work] light work because working with sick people are the same, but working with healthy persons, [they do] not understand each other, saying that we are not strong like them, cannot work in factory because we are sick and [cannot work] for 8 hours and 30 minutes, and not enough food to eat, so cannot do it.* (P2, age 42)

> *Sick like, I felt discouraged and tired, when going to the factory one time, but could not work when I went to work at the factory. I felt dizzy, getting more and more exhausted. At the first time, I could work because I had not known that I was sick; It is more difficult than before, as my husband didn't work anymore as a teacher, he now is working as a construction work. He lost his memory.* (P4, age 31)

P10 and her husband, to make living, slept outside to guard a farm. When they felt tired, they would sleep; otherwise, they stood guard. If they did not work like this, they couldn't afford food. P15

earned $2.50 USD a day for carrying sugar. It was too heavy for her to carry and left her feel tired and angry at the end of the day.

> *In fact, we go to guard the farm, and not often stay home. We go out to work, if not, we won't have anything to eat. When we get ill, we sleep. When we have energy, we work. If we don't work, don't have anything to eat; It's changed. My health is badly weak. We earn nothing.* (P10, age 42)

> *We did not know what to do, for he is sick and I am also sick. Sometimes I went to help carrying sugar with kat [big box], kat was very big. When I lifted up from each truck, I felt like my liver almost dropped. This was so hard. We arrived home angry and tired. We earned 10,000 riel [$2.50 USD] per day.* (P15, age 30)

Spending everything on treatment. For the women, concerns about the access to treatment services and medicine appeared to be a major issue. P3, her husband, and her child all regularly go to the hospital. P3 reported that they spend $25 USD every month just to transport the three of them. Their entire earnings are spent on getting the services they need.

> *One more thing, our living lacks of a lot of things...lack of materials...Before we were like that, when we did not have the virus... if we are not sick and we do not need to spend much money. We can have some money left from our little money. Now we come to hospital every month and we think...and ... for coming to hospital, we spend almost 100,000 riel [$25 USD] for three people [every month]*. (P2, age 42)

P10's family was able to save some money from rice farming. Since getting infected with HIV, nothing is left from that savings. Now, their income only supported the necessary medical regimens.

> *Not a big job. Just transplanted rice for money and harvested it. [Before], if we earned $10 USD [from the harvest], we paid $3-$4 for food and kept $6-$7. That it how it was. But now it all goes for medicine, nothing left. I work every day only for medicine. We get monthly salary to pay for spending....The husband gets drug [one time] then the wife gets the drug, we take turns.* (P10, age 42)

P11 and her husband shared a bicycle to get to doctor appointments. Even when the husband was seriously sick, P11 took him by bicycle to the hospital. In Cambodia, a bicycle is a common vehicle for the poor. Most families instead own at least one motorcycle; maybe more so family members had transportation. P2 moved her husband to her hometown when she could not afford the medicine anymore in the town where they lived.

> *When we go to treat [treatment], in the morning he rode a bicycle to go, and sometime I took him by bicycle… At that time I rode him by bicycle to XXX hospital when he was sick seriously.* (P11, age 32)

> *Then he, my husband bought medicine to use every month for 1 year, then stopped because we could not afford it. He fell into a serious sickness, so I took him to my hometown. He could not walk, so he was carried to hospital.* (P2, age 42)

Moving on with Life: Big Losses, Some Gains

> *Finally, XXX Hospital gave me counseling that the drugs for people living with HIV were available, but [I] had to be happy, and then I had encouragement again. HIV does not only infect us, but also rich people, high ranking and so on. When I thought of that point, I started thinking again. I never worry that I have HIV at all; I think it is simple for me now. I think those who do not have HIV also die, and if I have money, I can take good care of my health, so I can live longer and take care of my children.* (P1, age 39)

The presence of HIV in their lives had destroyed what little the study participants had and it destroyed their dreams for the future. After the rollercoaster of emotions and changes the diagnosis thrust upon them, they struggled to survive. Many endured great losses but enjoyed some gains, as well. For them, the gains acted as a window providing light and a feeling of escape, however slight. The theme is defined as the women's pursuit of the best life possible given their circumstances. It involves three subthemes: (a) having hope to live; (b) maintaining health; and (c) giving advice to others. Their definitions and categories are presented in Table 10.

Table 10. Moving on with Life: Big Losses, Some Gains

Theme/Definition	Subtheme/Definition	Category
Sustaining Life: Big Loses, Some Gains Pursuing the best life possible given the disease	**Having hope to live** Motivations and strengths the women had to move on	○ For the sake of the children ○ Because of the mutual lifelong commitment ○ Medicine available: "We can live as other people" ○ "It is better than before."

	Maintaining health: knowledge and practices Gaining and applying knowledge about the HIV/AIDS	○ Agreeing to condom use ○ Following a healthy lifestyle ○ Not transmitting to others ○ Not missing medication
	Giving advice to others Giving advice to others regarding the protection their spouses from HIV	○ Using condoms 100% ○ Being honest with each other ○ Having blood tested for HIV ○ Preventing the husband from going out and bringing back HIV ○ Awakening youth ○ Not suggesting female condom

Having hope to live

> *After I knew that I had disease, I was dismayed. I did not want to live, but I had another feeling, that I myself had a baby in my abdomen, like this, and, like, I had this child to be my one hope to try to be to patient and try to hide [the fact], even hid it from my husband. When my husband knew that I was pregnant, he came back from his girl to me, so I had hope to live, so I had more hope.* (P9, age 31)

The women somehow were inspired to live. For the majority, their partners became more devoted husbands, taking better care of the family and not seeking women outside of the marriage. In thinking about the future of their children, the participants realized they could not quit their lives; instead, they decided to cope with the consequences of what had already occurred. The subtheme refers to the motivations and strengths that helped the women choose to move on in their lives.

For the sake of the children. The function of the children in many of the women's lives was significant. Children weighed heavily as a motivation to want to live. The women worried about their children's future after the death of themselves and their husbands. They felt there would be no one who could raise their children, leaving them orphaned.

> *Like weak, hopeless...yes...like do not know about future of the children. How will I help my children? Who will raise them?... I am sick... I fell sick...no money...no money to treat...hmm...raise children...provide money to them to go to school...and food for everyday living. I think all of it...yes... On other hand, my children are still small and I remember my daughter was in grade 1, she studied at XXX School, and my son just attended the kindergarten. I felt pity for my children.* (P2, age 42)

In spite of her husband's troubles, P3 continued to bear it; she never wanted their children left without their parents. For P14, she also continued through every day for the sake of her children, not for her husband or even for herself. When thinking about their unpredictable health, she felt sad and scared.

> *As we are husband and wife, even though he is drunk, curses me or even talks a lot, I never reply and get angry with him. I walked out [not to make argument with him] because I pitied the children. The children will be orphans if parents get divorced, I see this point, if we separate, then we will think about children first. Before, I was sick before him and I had him helping take care of me when I was hospitalized. I was very sick…but when he drank, he always caused trouble.* (P3, age 40)

> *I changed a lot. When I feel sad, it is because I remember that I will leave my children alone when I die from HIV. Sometimes I feel better one day, sick the next. Any day I am not sick, I am not. I often worry that I do not know when I will die.; Every day, if I want to become a good wife, yes I want, but every day [due to] my disease, I am sick one day sick and one day better, live, nowadays live. I struggle for my children. I swear if I live every day, it is not for him. Every day, I live to raise my children. I do not live for him every day.* (P14, age 37)

Her little daughter also provided a window of light for P15. She decided against attempting suicide because of her child. She put up with her husband's persistent violence only for her child.

> *Yes, he beat again and again for long time, and then it was adapted. He always beat me and I always resisted. I couldn't do anything because I have a child; I remind myself that, if I take drug [to kill myself], my child will live with whom? I don't know who will take care [her]. When I go far away, I am afraid of people think of me that I have a new man [long pause]. So I decided to live in my own house according to my fate [sobbing].* (P15, age 30)

Another woman, P11 did not feel pity for herself but only for her child.

> *I felt pity for my first child. For myself, I did not feel pity for myself. I felt pity for my first child and at that time I did not know there is ARV, I just remembered that if I and my husband would die, I did not know whom my children could rely on like this.* (P11, age 32)

P8's husband encouraged his wife to be brave for their children. He believed that normally by bleeding during her period, the woman is generating new blood which will then keep her living longer.

> *My husband always advised me like this. He advised that he is a man; he will die soon before me. I am female; I can live longer than him because I have bleeding during the period that can be exchanged. He advised me like this. He also said that if there is no me, who will raise our children? I remember about this, which makes me feel pity for my children so I tried to live, stop thinking of that [death]. Now I stopped thinking of that and just think of normal think life. Because I pity my children.* (P8, age 33)

Most women's reactions towards their disease were tied to their children. For the children, they could endure adversity. It was not important how much they were hurt or suffered, but they never wanted their children to be placed in painful situations. The level of the attachment between a mother and her child is different among cultural groups. The function of the child seemed very strong in Cambodian culture.

Because of the mutual lifelong commitment. Some of the women interviewed thought that, once a man and woman became a couple, they are a family forever, no matter what happens. It was an unchangeable lifelong covenant, as shown in P7's and P10's words: *"I do not regret because it is late. And I think, we are a couple and live together. So die, also die together. I think like this."* (P7, age 34); *"In spite of bad or good, white or black, whatever, he is still my husband. I cannot go away from him. If he went away and he came back, I don't know what to do but we would be still together."* (P10, age 42)

P3 reiterated her commitment to her husband to her relatives. She was ready to take care of her husband for lifelong the rest of their lives together. Even her uncle and aunt were surprised by her patience.

> *I made a commitment that he could ask for whatever he wished. My relatives commented on what patience I have to be with him. But I told them shouldn't question my way. I would like to be patient, when I got sick, who is going to take care of me? I told to my uncle and aunty like this. If he got very sick, who will look after him? Normally, he is a smoker and rice wine drinker, so it must be difficult. Now, his weight's about 42Kg, he has a small body, almost similar to mine, but nowadays, my weight is heavier than him.* (P2, age 42)

P4 believed that her husband needed her; without her, he could not live. She forgave his faults and trusted that he would not fall in love with anyone else anymore. These beliefs made her stick with her husband.

> *When he got sick he came to me so I took care of him. He said, if there was not me then he couldn't live alone. When I went to my homeland for few days, then he was so difficult, he didn't know where rice and water were; but now I believe him. Before, he fell in love with others... he was wrong. He stopped falling in love with anyone.* (P4, age 31)

Remembering their husbands' good traits as husbands and fathers motivated P6 and P12 chose to stay married and continue to work together as a family. P6 considered divorce but remembered that her husband listened to her and no longer disappointed her. P12 reminded herself how her husband had been a good husband and father for the last 20 years.

> *In short, I was angry. When I tested my blood and I got HIV, I was very angry. I said that everything was done so we should get divorced. At first I asked him to get divorced but my mom said that if I got divorced, HIV still can't be resolved. And I also thought of my son. In addition, he never argued with me since I was together with him and he never made me displeased.* (P6, age 28)

> *I was angry. For the last 5-6 months, though, I think he is a good person, since I married him. He was kind to me for over 20 years; he never makes me disappointed, sad. And I was hesitating because my children love him. They say this; say that [about their father]. He never blamed them or did any bad thing to them and they said he is gentle. So I pitied my children and I hesitated for him.* (P12, age 40)

Although she had not felt any love for her husband, even after they married, P13 felt her heart fill with pity when he discovered he had the virus. She could understand her husband more than before the diagnosis.

> *How to do it, because he loved me, but I didn't have the feeling for him. However, after getting married, he asked why I seemed not love him, but when I knew that he had that problem [having HIV], I started understanding him, and pity him, but if talking about love, it seemed not much that I love him, but just pity.* (P13, age 28)

Medicine available: "We can live as other people." When the women knew of their status, they were afraid of dying. As P3 said, *"I thought by having that virus and there is no treatment, so I felt horrified."* They thought that people infected with HIV die soon. However, when they met doctors, they were encouraged to work to stay alive. They heard the good news that there was medicine that could extend their lives. P8 was told that she could live like others.

> *When my husband tried to comfort me and told me not to be miserable and not to think too much and we have medication, so we can live like other people. And when I see the doctor, she said that too. So, I become better. As I feel better and now I think it is normal. Now I think nothing [of it].* (P8, age 33)

P11's doctor told her that she could live not only until her daughter got married, but also until she saw her grandchild. So, she decided to take care of her health and stop fearing death.

> *And then the doctor explained that there was ARV like this, so I felt a relief a little. But I asked doctor if ARV could help me until my daughter becomes a youth or until she has a husband or not. He said it could be, if I help to take care of my health, my health, and it could be until seeing my grandchild. Doctor said like this. I stopped feeling any afraid any more.* (P11, age 32)

P15 was encouraged by her doctor and others, explaining *"The doctor also explains that no one wants to get this, what we can do, if we all get this, let take care of each other."* In her second interview, she continued, *"There is someone who explained that there is ARV medicine, so let's not be sad. They encourage me like that, so I continue to take care of my child."*

P12 was inspired by her sister, who had HIV since 1997. Her sister found a service for P12. She also encouraged P12 not to lose hope and to think positively and with an open mind.

> *So my sister cried and implored me, by saying, let go after seeing the result. Do not be sad. She said she will provide medicine to me that would not make me think negative thinking. My sister has been sick since 1997. She was sick for a long time. And she said that I should wait for her to find medicine from a service. Do not be sad and what she told me made my thoughts happy. And she said to me to open my mind up, and she said there is not any problem and just live like other people. She consoled me a lot.* (P12, age 40)

To my understanding, the availability of the ARV drug in Cambodia has improved thanks to governmental and international support and implementation. It is free of charge for all who come to the public hospitals and all national provincial hospitals. To be eligible for ARV treatment, one must have a less than 350 CD4 cell count.

"It is better than before." As awful as having HIV has been for them, some of the women felt their lives had improved in many ways. P7 said, *"It is better than before."* They still had hope and were innocent of their husband's infidelity. They believed in a bright future for themselves and their families. Their husbands began staying home, drinking less, and stopped having sex with other women. P12 found a new happiness in the family and felt her life had returned to routine as before, in her comment, *"Yes, now it is normal. It is normal like before. He is the same to me. I am also the same to him."*

> *Yes, nowadays I live as normal [a normal life] and nothing is strange, we love each other as before. Yes, as we love each other and understand each other's mind. I feel pity for him because he has HIV, so I know his mind. We pity each other. What can we do? It is too late.* (P8, age 33)

> *There is change...it is just my husband stopped having girls...going out at night...going for a walk...I think it is happier than before, though we do not have much money, have better happiness because we have this virus. My husband loves me, loves the children, and pities his wife, pities the children. Before, he always felt that he is handsome, he had money, so he went out, and he did not think about his wife and children at all. The wife and children stayed at home. He went out but now he changed a lot.* (P4, age 31)

P9 shared how she felt her life returned to normal marriage since her husband became a better husband. *"When my husband changed to be a good person, I did not felt hopeless anymore because I have my children and husband became a good person, I am happy to live in the same situation as before."* Her husband stopped going out to enjoy himself. He also carefully spent. These changes made her feel that some of her early expectations of a happy marriage were at last being met. They could enjoy a relatively stable living and then some, even a farm and good food for the family.

> *My husband doesn't play too much fun or be overjoyed, or forget his role as a father, or a husband. When he spends money, then he thinks first before spending. He spends it but with limitations so that is one of happinesses that I have. So I could say that the expectations I used to have, now I met some of them: I nowadays have a shelter and farmland (laugh); the main point is that he thinks that he has satisfaction every day. I have enough food for him and such, as I do not make arguments with him and I am not angry with him. He works, he works his job and I work, I work my job. And when eating, I have enough for him to eat. In mid-day, he takes the nap and then he goes back to work.* (P9, age 31)

In P9's last statement during the interview, she delivered her insight and opinions for other women. She urged other women to empower themselves by getting skills to make a living, so that, when their husbands find other women, the women are not dependent on their husbands and can be independent in any circumstance. She was proud that she had construction skills, even though she was not well-educated. She emphasized that women should participate in the household finances by contributing even a small amount of money, in order to prepare for any time they might end up alone. P9 was adamant when she expressed her feelings below. From her interview, I learned that education is one part to learn knowledge but experience also is a part to get bigger insight of the human's life. Although she had only 5 years of formal education, she showed a pretty good insight into humanity.

> *When my husband had another girl, I didn't feel depressed and when I was infected, I didn't feel any hopelessness, because I have some knowledge that I could depend on. I didn't have a good education; however, I have some skills so I could work, so I don't feel I have no places to work. I*

> *don't mind if my husband wants to go, I stay and I will work based on my ability, so I think like that. But, many women need to find this out, they shouldn't expect or rely on [their husbands], like saying that, "Well, my husband is earning money to feed me." Do you believe it? "I am not afraid of anything, as my husband is feeding me." But later on, he just left and we remain with empty hands, or they [wives] will spend all their remaining property afterward, as we don't have knowledge with us and we are not brave. So we have to learn or do something in order to support us in case we don't have our husbands. I think that women, if they learn how to divide things up, for example, well, my husband is doing this and I am doing that, even you earn a thousand riel [25 cents USD] per day, but at least, they could support each other. But the majority of women whom I met in society, in particular at my workplace, I found 6 out of 10 women complained why we need to do that as they (husbands) already [are taking care of] them, so they just sit around.* (P9, age 31)

Maintaining health: knowledge and practices

> *Only now [we use condoms] because my new husband has HIV like me too. We use them in order to first, avoid having a baby, second, to avoid drug resistance and STD from him, because I do not have such a virus*. (P2, age 42)

Participants gained and applied knowledge about HIV in their daily lives. The subtheme refers to the knowledge and practices that the women followed to maintain optimal health.

***Agreeing to condom use*.** All of the women were well educated about the importance of condom use and consistently practiced it with their husbands. They clearly understood that condoms prevented pregnancy and ARV drug resistance. Some husbands also understood this significance well and agreed with using condoms during every sexual encounter, like the husbands of P9 and P11*: "When he wants [to have sex], he prepares a condom by himself. I never [do it]*." (P9, age 31); *"In sum, no matter if my husband wants to use one or not, since knowing about our status, he uses it all the time. No need for wife to remind him. [He] never sleeps with wife without condom."* (P11, age 32)

The women made sure to have enough condoms at home. P2 stocked condoms at home. The hospital provided patients with condoms. When those run out, P2 buys them at the local shop, checking its expiration date. P14 obtained condoms from a NGO: *"I get them from an organization. They give them to me and sometimes when I go to distribute them during Water Festival day, there are some left, so I kept some for myself."* (P14, age 37) P15 bought them from shops, even though she did not have enough cash for other expenses.

> *Hospital... hospital provides condoms for me who has a partner...husband. When the hospital does not provide it for free, I buy it. When I buy, I look at their expiration dates, when they were made and I check it before we use the condom, like if it has tearing or piercing. I be careful because if we have a problem and we get pregnant, then we have one more infected...one more has the disease.* (P2, age 42)

> *Yes, always used [a condom] since I fell sick. Even when we did not have much money, I also bought to keep some, and I bought and kept the box.* (P15, age 30)

From my experience of doing voluntary work in the HIV hospital, I noticed that, in every appointment at the HIV clinic, a health provider (doctor or counselor) checked the patients' condom use and reminded them of its importance. If anyone needed a condom, the clinic provided it to their patients.

Usually, most of the couples seemed to use condoms regularly. However, it was this was not true for all couples or every sexual encounter. Some husbands complained about using condoms because of the discomfort. Some of the women experienced the same. P4 told of a time when her husband was drunk and would not listen to her or agree to use a condom. P4 mentioned, *"When he is drunk, he does not listen. When he is drunk much, he stops listening to me."*

P13 tried to use a condom but her husband and she didn't like it. They lost their sexual desire while preparing it, and she felt pain in her vagina. Since then, they haven't used it.

> *Sometimes he complained that it was disturbing, he thought that. Sometimes when we had desire, but it took time to tear the condom and put it on, then we might lose our desire [laugh]; In short, he said it is not comfortable. Sometimes, before I used to use it, but sometimes it hurt, I want to say that my vagina, after using a condom, seemed to get hurt, seemed like it was torn. After using it, I was in pain; In sum, or speaking frankly, we never used condoms, even just for a single time, but used to hear people say that, some said that when they used it, then they had allergies with the condoms, and got itchy in their vagina area, and some people got some pain.* (P13, age 28)

P2 also experienced vaginal discharge after condom use. She felt using condoms was not easy. P4 and her husband would not use condoms every time because he lost his sexual desire.

> *Yeah, [we] use condoms… that condom, if using every day or week, it will cause my vagina to be scratched. Condoms are not good; using it too often is not good because it is made from rubber.* (P2, age 42)

> *He uses...but he does not use it 100 %. He says ... It seems that he does not have feeling. We meet each other once in a month, and then we do not use [a condom]. He works far away he comes back home once every more than half a month.* (P4, age 31)

Two couples were practicing withdrawal before ejaculation (coitus interrupts) when condoms were not available. P9 learned that it was more difficult than using a condom.

> *We had no condoms because I didn't buy any; we still could sleep but we took the semen out because we do not want to have a child.* (P6, age 28)

> *Frankly speaking, like nowadays, he calls it pour water outside clay pot or outside jar. It is more double difficult than using condom.* (P9, age 31)

***Following healthy lifestyle*:** During their daily routines, the women were careful with their hygiene in order to prevent getting ill or infecting their children. They boiled water and scrubbed their vegetables with water. They also did not touch any blood from cuts or open wounds.

> *After I had disease, I needed to eat hygienically. Hygiene had to be regular. If I eat food that is not prepared hygienically, it makes me feel not good. I need to try hard to be hygienic. For living, I need to drink healthy water, use healthy, clean goods and well-cooked vegetables. For me, I do not often have problems every day, but for my husband, if he dares to eat raw vegetables, he will run [to the toilet because of diarrhea] (pause). Their health is like this.* (P9, age 31)

> *He advised that when we sit and eat, we should wash our hands to prevent getting sick from the virus.... We take baths and rub off dirt, clean with soap. We... wash the clothes to be clean. Rub the nails with a brush. Do not let our nails be dirty with dust or mud.* (P10, age 42)

When her husband had the flu, P7 used a mask to prevent the virus from being transmitted to her.

> *When he has flu, I protect myself by wearing a mask to cover my mouth, to not to be infected, because the flu is easily transmitted between each other. Yes, mostly he often has flu, besides this, he rarely has any disease.* (P7, age 34)

P12 and her husband used different knives and nail cutters than the rest of their family.

> *Like that I and my husband use it separately from my members in the family. For example, I cut my nails, after I finished, I keep it in the bag in my house; they know because I tell them. When my children have itching on their backs, they call me to scratch lightly for them, but I do not do it. I just take a comb to scrape for them.* (P12, age 40)

Not transmitting to others. The participants warned their husbands not to transmit the virus to women outside the marriage. Although most husbands stopped seeking out other women, the wives still were concerned about the other women because they were the same, women like them.

> *In short, I also used to, used to tell him that you if went out to drink, slept with girls like this, you had disease like this, you should use a condom. You should not transmit it to her because she was*

> *woman, like me. Look, you see it is so difficult [when we had disease], have a body full of itchy. You, if you wanted to sleep, I did not ban, but just told that you should take pity on them, sleep and use a condom. He said a wife never was easy like this [a wife who easily allows her husband to go out]. But he said even though wife was easy like this, he was not silly like this. He said he had played enough. He said no need to tell him about this*. (P6, age 28)

> *Since I have had this story [disease] when my husband goes out, I tell him to take a condom with him every time. I am afraid that he sleeps with other girls and he transmits it to other girls like this. They are the same girls, like me.* (P11, age 32)

P12 banned her husband from going out and asked for him not to transmit to other women. P12 thought it was a sin for her husband to transmit it to anyone.

> *No, I do not think like this now. No. I said to him that you do not go, if you go out then do not transmit the disease to others. I just said only these. I said it is a sin, you should feel pity for them [sex workers]. Sick only you [keep the sickness to just you]; He said he is sick and he is afraid that he spreads it out to others.* (P12, age 40)

Not missing medication. The women tried not to miss taking their medication. They helped with medication adherence by reminding each other. P13 and P14 realized it was not easy to take the pills every day and would take the dosage with them when they went out. They worried about drug resistance resulting from medicating irregularly and having an opportunistic infection that could result in serious sickness.

> *It is difficult to take the pill every day. I have to take it regularly, and have to take it with me every day. When it is difficult is that later on, I am afraid if I have a disease that cannot be treated. Now I don't have opportunistic infection, but I am afraid if I have it later on, it is difficult.* (P13, age 28)

> *It is so difficult. There is a lot of difficulty. If we use ARV irregularly, it develops the drug resistance, so it fails to treat and we live with it. We need to use medicine regularly to treat successfully*. (P14, age 37)

P3's husband kindly reminded her to take her medicine. When P3 went to the hospital and had not come back in time, the husband called her to ask when she would return.

> *Hmm...one more thing like that... for example, when we come to get medicines like that. He calls me, he said that it is 2 or 3 p.m., but he does not see me come home yet, so he called to me,"Did you arrive home?" And I said, "I cannot come now. I have to wait to get medicines because there are a lot of people like that!"* (P2, age 42)

The women appeared to have knowledge about how to maintain as healthy of a life as possible and followed the lessons they learned. Once they became hopeful of the life they could live, they were very careful to not get sick, as they clearly understood and experienced the weakness of their immune systems.

Giving advice to others

> *I think it is good, using condoms is better. If we do not use condoms and then we get this sickness, it is more difficult than death with this virus. Having this virus, it is more difficult than dying. Dying is better, for it is so hard, it is harder than anything, if you get this; I suggest those who don't yet get disease, let them use a condom. Don't be like me, I wish only this. And I wish people to have good health.* (P15, age 30)

The women shared their opinions about protecting the HIV transmission between spouses. This advice was similar to what they practiced in their lives. They were sincere in their appeals that others not follow in their footsteps because the virus was cruel.

Using condoms 100%. All of the women stressed 100% usage of condoms between a husband and wife. P9 strongly believed that only condoms could guarantee transmission prevention. She did not believe that withdrawing before ejaculation could be 100% effective prevention because fluids are still being exchanged in the uterus.

> *I have only one way [and that] is to use a condom. It is the best way to make sure there is no transmission. Using a condom is certain. If the method is for using medicine, I do not believe. For using a condom, I surely believe; Like ejaculating outside, even though we ejaculate sperm outside, it is still has the partner's sperm ... We know it does not touch each other. But sperm of woman also flows to touch. In the vagina, there is some of our slippery liquid that it is touching each other. It is not, it is not [prevented] if we do not use a condom. I believe like this. We cannot escape it [transmission]. Uh...Do not say, do not use condom and ejaculate out. It prevents transmission. I do not believe.* (P9, age 31)

P9 also felt that, if a husband knew his positive status and still chose to not use a condom, it meant he intended to transmit the virus to his wife. In her words, *"Uh... if their husbands do not use [condoms] and although they know that they have disease and if they do not want to use [condoms], it means that they have the intention to transmit it to others [their wives]."*

P1 agreed that, if a husband loves his family and wants them to be happy together, he needs to listen to his wife's advice on condom use and follow it.

> *It is important and it works as long as both of them agree with each other, but some men do not listen to their wives, and some men listen because they know the importance of their own health. Having sex can cause woman to have HIV and to the baby, too, if she happens to get pregnant. Just like when I had my last child, it was very difficult, so using condoms is the best way, for it is safe for them. I think if husbands really love their family and want their family to have happiness, they will listen to their wife.* (P1, age 39)

P3 provided a tip how to convince a husband in case he did not want to use a condom. She suggested that the wife should educate and explain to her husband about the consequences of HIV infection.

> *It helps to tell husband that, "You need to feel pity for your wife and the future of your children. Children, they are small. If we are sick, there is no one to look after them. The wife takes care of the husband, earn moneys to raise the children, raise ourselves, and we need to think about these points. Do not think about your happy feeling.* (P2, age 42)

On the other hand, some women raised the issue that a request to use condoms when there was no evidence of infection could be interpreted in other ways by one's spouse. This could result in unnecessary doubting of mutual spousal trust. P2 admitted that, if her husband had wanted to use it, she would not have been happy, explaining, *"[I would] not happy because I am a woman. I wonder, simply one wife and one husband, we have no virus, so should not use condoms."*

> *I think for the married couple, if they first use condoms, it means that on both sides, man and woman, they don't trust themselves, either they have HIV or not, and they used to eat outside (meaning sleeping with girls outside). I think that a family, after they get married and they use condoms for prevention, first, they don't want to have a baby too early, and either man or woman's side may be positive and they just don't want to transmit the virus to each other.* (P2, age 42)

> *Maybe there is trouble with each other such as seeing the husband having a strange heart [attitude toward wife]. When people notice that, then they may feel that the wife is strange and doesn't trust husband.* (P7, age 34)

The wife's request may also provoke the husband to suspect of her past, according to P5. The husband may wonder, *"How come this woman knows about condom? Was she a prostitute and a girl*

having a partner before marriage?" For example, P5's sister tried to teach her husband how to use condom but he resisted it.

> *I think the husband may think that his wife before, she may be used to have a partner outside. That is how she knows about using condoms like that. Maybe he assumed that his wife was the kind of girl who used to have some affair outside before. There are some women who sometimes are brave to talk about that, they dare to talk about it as normal, my sister is such, she dared to talk with her husband. After getting married she asked her husband to use condoms, and he got angry with her, and he also asked her why. What she did doesn't mean she doesn't want to have a baby or is afraid of contracting any virus, but she'd like him just to learn how to use a condom. Normally [it was normal], he wouldn't be faithful to her all the time. Her husband always went to work in another province, and she knew that he used to be a careless man when he was single, so [she felt it was] better to let him know how to use a condom. I learned how to use condoms from RHAC organization so I knew all too. They used to learn from RHAC when they conducted field outreach. I know all, therefore get him to use a condom with me and when he goes out, then he knows that he has to use a condom too. He asked you do not want to have a baby right? True?* (P5, age 32)

P9 raised another scenario. If a husband knew he was HIV-positive and chose not to use a condom when he had sex with his wife, it could mean that he wants to make sure his wife did not leave him by infecting her as well. This is a frightening idea.

> *Why I was saying that, if he was infected so, meaning that he is willing to transmit it, which means a man is afraid of a woman having an outsider partner and leaving him alone, so it makes him think that, if both of them are infected, then she couldn't get away. I am aware of HIV-positive people being concerned, as in our social movement, we always met and discussed a lot about it, and sometimes exchanged ideas during we met in hospital, but if I go out, I never share the reality relating to my status.* (P9, age 31)

Being honest with each other. Some of the women mentioned spousal honesty, the idea of being faithful to each other and not having another partner outside the marriage. P13 also suggested that the couple should talk openly about sex to understand each other.

> *It means one husband and one wife, and do not go to have sex outside. Sometimes husband goes out because of [wife] inside does not understand him, not talk with him openly about sex.* (P13, age 28)

> *To have sex is important for a couple. We don't want our husbands to find outsiders, and it makes us be faithful to each other because we are afraid of contracting some viruses. It is very scary to sleep with outsiders, as our husband may not use [condoms] one hundred percent. I wish for him to be faithful.* (P8, age 33)

Having blood tested for HIV. Some women felt that having one's blood tested for the HIV virus was one way to protect oneself. Knowing that most men seek sex outside of marriage, a wife should have an awareness of the importance of self-protection by being cautious about her husband's behavior both before and during married life.

> *I would tell other women that we must love our health and not believe our husbands. It does not mean that we do not believe [men] but in short, in 10 men, 8 men go out to find girls and we do not know how that girl looks like [what kinds of girls they are].* (P11, age 32)

> *Before getting married, we must test blood now.* (P14, age 37)

P11 also advised getting the blood test before marriage in order to check the HIV-status of both the man and woman. In particular, she stressed the need of getting the test when a woman was pregnant.

> *For my mind, I think before getting married, you should test your blood first. The Woman also needs to be tested and man also need to be tested. Both of them need to have their blood tested [before getting married]; especially when we are pregnant, we go to get our blood tested, do not wait until our abdomen is big, and then we do not know we have this disease like this. When we start be pregnant, immediately, we go to test our blood. Do not afraid of it, for this, it should not be afraid of. If we are afraid or do not dare, we do bad thing for ourselves and do bad thing for the baby in our abdomen.* (P11, age 32)

The newly engaged couple should check their blood before marriage according to P12. She knew neighbors who had their blood tested four times, once every 6 months, and finally when they were assured of not being infected, the husband stopped using a condom.

> *For the couple who gets married now, they have to test their blood first before they get married. They go to check their health, like that young man who used to go out and he may have HIV, so they cannot get married and they are broken down; To protect from the disease, after being married 6 months, they [her neighbor] tested it one more time when checking at that time, after getting married, he used condoms always for 6 months, and they tested blood one more time again. They checked for 2 years, they checked 4 times, when they did not see HIV, he did sex without using a condom.* (P12, age 40)

Preventing the husband from going out and bringing back HIV. Two other women proposed preventing one's husband from going out and bringing HIV home. P1 mentioned some sexual skills that could help enhance the husband's feeling. She raised examples such as using one's hands or having oral sex.

> *If their husband does not want to use a condom, we have new strategy, but I am not sure if they dare to do it or not. For example, women can use hands to satisfy their husbands. Some people do not find it disgusting, so they use their mouths. Now they should use a condom in the mouth, but if they are afraid, so do not use. They can use hands and armpit; I think there are only the points above. Finally, there is a Khmer method called bamboo peeling, sucking with the hands to satisfy men's desires, and it does not make them get infected. Sometimes they can use breasts. It is what I have learned, but I never practice it, obviously*. (P1, age 39)

P8 said the women should ban their husbands from going out by asking them where they go. She suggested wearing makeup to attract their husbands or talking sweetly to them.

> *The prevention such, when we don't have HIV, such as do not allow husband to go out, be mischievous like this, prevent husband from going out or somewhere, ask him where they go. You don't want your husband to have other woman outside and go somewhere, because when he has other woman, it becomes like this. Be able to get disease like this from sexual working woman; wear make-up to be beautiful to attract our husband to love only us. And we should know how to talk soft and sweet to our husband.* (P8, age 33)

However, P14 doubted if it is possible to keep husbands from having other women outside the marriage. In her experience, although the wives please their husband in many ways, the men would still seek sex services outside. There are many young and white-skin girls in karaoke clubs, beer gardens, and parlors. P14 did not believe that men could evade that outside temptation.

> *Maybe, no, if a wife can do like this, maybe a husband does not find out, but for now it is not, for now it is not, even though can do the favor, they still have outside now. This time, there are a lot of sex workers, at this time there are many and many sex workers. Young and white girls [referring to skin color], you think, in karaoke, beer garden, and parlor. Even though wife tries to favor, husband still have outside [girls]. It is the final reason that virus is transmitted through this. In fact, karaoke women now have white skin and are young [so beautiful], but we do not know they have or not, because we do not know if they go to have sex with others, they use a condom or not. Sometimes they do not allow them [sex workers] to use condoms, some they see them [sex workers] beautiful, no need to use condoms. It is like this. So we do not know if they have disease or not.* (P14, age 37)

Awakening youth. Several women thought of their children and the younger generation. They did not want them to have the same hardships by contracting HIV. P2 educated her son to use condoms and not do as his parents.

> *We tell him that when he has sex with sex workers, he must use condoms to prevent HIV. You can see your father trusted girls because of their beauty, that we cannot know who was HIV-positive,*

> *so he didn't use condoms, and brought HIV to the wife. It is not trust. We have to prevent ourselves because in the present, Cambodia has a lot of sex workers that look ok.* (P2, age 42)

> *My idea is that, later on, tell the next generation that does not follow, such as going out, having girl outside, like these. I want to say that, don't do like me, I want those young people to be better than me. Do not follow what I did, I am wrong in this life…It is enough ... I think that this life, I am wrong, I do not want the next generation to imitate me.* (P10, age 42)

P3 warned teens not to happily follow their friends in life, because there were many risks of HIV infection.

> *And one more thing is to help society, like promoting about AIDS and how to protect; for example, teenagers who are studying, and they should not enjoy too much without thinking. I teach that they should not enjoy themselves too much, go with lot partners, so it can make you negligent like this! Now HIV is easily transmitted, and for teens, it can attract them [get to them easily]! Yes! It is that, it is simple that teens can enjoy too much because of their friends like that!* (P2, age 42)

Not suggesting female condom. None of the women recommended using female condoms for prevention. Most participants had heard of it but had never seen one.

> *I used to hear of it but never saw this condom, but maybe there is a place of sex workers. I just heard another mention it, but I never saw a female condom.* (P14, age 37)

> *I have no idea about female condoms but if the wife knows about woman condoms, then, she should use it when the man does not want to use.* (P4, age 31)

A few women knew of female condoms. P1, trained by NGO, explained what it is like and how to use it.

> *[I] used to teach others. The shape of female condom is small and big, round shape, big, then small circle, then we have to squeeze it to look like a number 8, afterward put it into your uterus. I used to teach others but I never practice myself, because the price of that condom is too expensive, and one condom, we can use it for 3 times; One female costs $2[USD], that is what I heard during the training, because at that time, now we have no idea how much is it. But the majority of people didn't use them because it is very difficult and you must insert them into the female uterus.* (P1, age 39)

P1 did not think it could work for the Cambodian people because of the cost and the difficulty to use it. According to her, once a company gave them away free, but still nobody tried it.

> *I think it is not so popular in Cambodia. First, it is very difficult when we insert them into uterus, very difficult. Secondly, it is expensive. Thirdly, while we use them they are not effective, as one can be utilized 2 to 3 times; we just cleaned them and placed them somewhere. In conclusion, it is*

> *very difficult to use them; the condom company asked us to promote them and they didn't charge [provided condoms free so people could try them], but there is nobody to try it.* (P1, age 39)

P13 had similar observations, but also commented on the sound and difficulty when using a female condom.

> *Um…I think that, related to the female condom, first, I want to say that it relates to the price and it is difficult to use it, very difficult, but some said that if they used it, then they can wash it with water, then keep it to use again for next time [next sexual encounter], but the thing is too disturbing sounding, and difficult to put it on.* (P13, age 28)

Summary

The personal narratives from fifteen Cambodian women from rural areas and currently infected with HIV by their spouses revealed five themes that characterized their experience of living with this virus. Their experience of living with HIV encompasses the aspects of traditional Khmer family values and beliefs and the current struggles encapsulated in the following themes: *Adhering to Traditional Khmer Family Values, Fulfilling the Role of a Khmer Wife, Becoming a Person with HIV, Undergoing Changes, and Moving on with Life.* These themes were under an overarching experience of "*The Loss of the Past, the Loss of the Future: Life Journey of a Khmer woman before and after her HIV Diagnosis*" which encompassed the idea of "*The Woman as Person: Absence of Oneself"* and *"The Woman as Person: the Forsaken One,*" respectively.

The participants understood the importance of adhering to cultural Khmer gender values since they were young girls living with their parents. Their parents expected them to be extra help, doing housework and taking care of siblings. School for their daughters was not the parents' main concern. When they reached a certain suitable age for marriage, their marriages, in most cases, were arranged by their parents. No matter how well the women knew or loved their future husbands, they were expected to obey their parents' wishes. Love was not important. In contrast, their husbands chose their wives for themselves, according to their personal feelings.

Once the women married their husbands, they worked to live up to their family's and community's expectations so as not to dishonor the family's reputation in the community. Their mothers,

grandmothers, and village elders advised them to obey their husbands in all matters at home and not cause any arguments. Sex education primarily consisted of being told to fulfill whatever their husbands' wishes rather than avoid them.

The women made every effort to stay within the societal norms as a wife. First, they accomplished the role of family caretaker. They served their husbands by doing the cooking, laundry, and helping them in their work. As the faithful and trusting life partner, the women showed their absolute trust in their husbands on all issues and swallowed their own feelings in order to avoid arguments. In addition, the women responded whenever their husbands wanted to have sex regardless of their personal feelings. Most women resisted any requests from their husbands to try anything new during sex; they would only consent to what their female elders had told them was proper for a Khmer woman. For them, sex was not play to enjoy with their husband, but work demanding energy. They rarely experienced orgasm or emotional closeness with their husbands. Interestingly, the women accepted their husbands seeking sex outside of the marriage, agreeing with the popular proverb, *"No one eats sour soup every day."* However, there were requirements for their permission; the men should protect himself from diseases, should not love any women except their wives, and should not visit those women too often. Unfortunately, many of the husbands had undesired behaviors. They lived only for their own happiness, ignoring the role as a head of household. They indulged in sex with other women and chose to take a step-wife. Not listening to their wives' advice and warnings, they engaged in risky sex both within and outside their marriages.

Sadly, the women's lives of faithfulness were rewarded with the infection of HIV. They and their husbands both were found to be HIV-positive; sometimes, their innocent children were infected from the mother. The first reaction, when hearing the news, was shock and speechlessness. They were hopeless, lost their will to live, and could not believe the diagnosis. Obviously, the virus was unwelcome guest in their marriage. Disclosing their status to the family and community was a challenge, as well, since they were being afraid of experiencing discrimination.

After learning the diagnosis of HIV, the women and their families underwent many changes. Many of the husbands quit going out and looking for women; instead they chose to stay home with their

families. Some husbands became more involved partners. They came to love their wives and sincerely take care of them. This change spread to their intimate relationships, too; the husbands accepted having sex less frequently and no longer forced their wives to have sex when they were uninterested. This may have been the result of the husbands' weakened health and a new understanding of their wives' condition. Outside of their marriages, the women had to face changes in their social relationships. They and their children became isolated from society and ostracized by their communities. The neighbors refused associate with them as before. The women also endured discrimination by their extended families. Some family members were afraid of the virus would be transmitted to them and their children. One of the biggest hardships for the women was dealing with the economic consequences. Having both spouses and something a child infected left the families bankrupt, as everything was spent on treatment. Although the couples worked as much as they were able, their incomes were often too small to feed their children. They became too weak to work. Consequently, the family suffered from hunger and extreme poverty.

In spite of the big losses, the women had hope for their lives. They were inspired by their growing children. Upon thinking about their children, they realized they could not leave this life. Also, lifelong many felt they had a lifelong commitment to their marriage. It did not matter that their husbands had brought this destruction into their home; they still were together with their husbands. They felt pity for their children and husbands. Some felt their lives were better than before because of the positive changes they saw in their husbands. Luckily, there was a medicine available for them that can extend their lives.

The women gained knowledge from the hospital and community about HIV. They put this knowledge to practice in their daily lives in order to maintain optimal health. Using condoms, practicing good hygiene, and adhering to their medication schedules were the main applications. Last, the women commented on how others should protect themselves from HIV infection. One key concept was that, in a marriage, a husband and wife should be honest and faithful by having only one partner. Some also mentioned about the importance of getting tested for HIV both before and during marriage.

In conclusion, the women lost their past. There was no one self, the woman as person. All efforts made to accomplish to be a good Khmer wife resulted in being infected with HIV. They did not show

what they felt and thought to anyone. Their husbands took the women's behavior for granted. Even the women did not have room to think about their lives and desires. Their wishes were full of their children's happiness and their husband's satisfaction with them. The wives never thought about their own happiness.

However, all dreams and wishes were broken by the unwelcome guest, the HIV. The virus deprived them of their lives. Additionally, the women lost their future. There were some gains but the cost in suffering was too high. They were forgotten by their families and communities. Once the women were friends and family members, but they were no longer accepted as normal. People thought of them as merely a virus-infecting object. Most seriously, there was no hope for overcoming the economic hardship resulting from the diseases. Their small incomes were not enough to feed their children and pay for treatment. They had lost their positions in the community and were abandoned to social isolation.

CHAPTER V: DISCUSSION AND CONCULSION

The purposes of this chapter are to discuss study findings, relate findings to prior studies, refine the explanatory model of HIV-intra-marital transmission that was proposed earlier, and to identify needed directions for future research and services.

Discussion of the Findings

Study results extensively elaborated and added to prior research about HIV-transmission between HIV infected spouses to their wives. In this section, each major theme of the study results will be examined and compared to the initial explanatory model of HIV transmission from Chapter 2. The first two themes, *Adhering to Traditional Khmer Family Values* and *Fulfilling the Role of a Khmer Wife*, are discussed in the context of relationships among social norms, gender, and HIV. The theme, *Becoming a Person with HIV*, is discussed in the section called, "HIV testing and disclosure". The last main theme, *Undergoing Changes and Moving on with Life*, is further described.

Adhering to Traditional Khmer Family Values and Fulfilling the Role of a Khmer Wife: Social norms, Gender, and HIV

Interpersonal relationships, including sexual behavior in marriage, were deeply influenced by socioeconomic and cultural norms and gender inequalities. Male dominance and female submissiveness were evident in the data in multiple ways and forms. These results are consistent with findings from others (Bandali, 2011; Macia, Maharaj, & Gresh, 2011; Varma, Chandra, Callahan, Reich, & Cottler, 2010).

The foundation of the spousal relationship and the purposes of the marriage were to form a family. Most of the women in the study married following their parents' arrangement at a very young age, without knowing their husbands. This result is consistent with prior studies. Women considered marriage a type of duty to carry out while living up to the expectations of family and community. Conversely, men chose their life partners based on their own desires and made efforts to seek the love of the women they wanted to marry. According to the 2005 Cambodia Demographic and Health Survey (CDHS), only about 10% of all female respondents chose their husbands on their own; 15.9% of women were less than 16

years old at the time of marriage; and more than half of women were married before their 21 years old ("Cambodia Demographic and Health Survey," 2005). In 2010, the median age at the time of first marriage was 21.9 among women aged 25-49 in urban areas and 20.0 in rural areas; for men, it was 25.5 and 21.1, respectively ("Cambodia Demographic and Health Survey," 2010).

The purpose of marriage for males and females was different from each other and these differences affected their behavior in the marital relationship. Women mostly wished for financial stability, children, and faithful husbands. Some husbands, in contrast, told their wives that they took a wife to be served in bed. Many women in this study, however, reported that they rarely experienced sexual pleasure; sex was not something joyful but work demanding energy. Instead, they identified sex as a means of procreating and fulfilling their duty as a wife. Commonly, study participants were not sexually stimulated by their husbands nor did initiate sex with their husband, consistent with cultural expectations.

The meaning of being a good wife that emerged in this investigation was previously documented in prior studies as being faithful and obedient to her husband in sexual matters. Participants reported wanting to please and submit to their husbands.

The duties and beliefs of women were influenced by their mothers or grandmothers. Economic dependence in the marriages in this study put women in a subordinate position to their husband, consistent with prior studies. Participants reported accommodating to their husbands' sexual needs in order to get enough money for food and to avoid their husband's suspicions of the wife's infidelity. This finding is consistent with prior cross-cultural reports in which women were unable to support themselves financially, which led to their complete subordination in marriage (Bandali, 2011; Chiao, Mishra, & Ksobiech, 2011; Jewkes, Wood, & Duvvury, 2010; Mbonu, Van den Borne, & De Vries, 2010).

Two women in the study mentioned the duty of a wife was imposed by their dowry. Their belief was that they had to endure their husband's undesired behavior because of their inability to pay back the dowry. Previous literature on dowry pay back is limited to studies in Africa in which the payment of a bride price was connected to gender roles in a marriage with HIV risk in married women (Feldman & Maposhere, 2003; Mugweni, Pearson, & Omar, 2012). In Mugweni's study, male participants stated, "In

the African setting there is nothing like forced sex… It's actually a crime for her to refuse sex." And, "To be honest; the purpose of marriage is mainly sex. A woman leaves her family to get married because of sex. Sex is a right. She should not refuse and we should not even call it forced because I paid *roora* [bride price]." (p. 582).

Males' and females' attitudes and behaviors towards sex since their youth significantly influenced the risk of HIV infection. Most women participants had never experienced sex before marriage and were often fearful on their wedding nights. Preserving one's virginity until marriage is a value of a good woman within Cambodian traditional norms (Kasumi, 2006). The wife's virginity is distinct from the husband's virginal state prior to marriage. Spouses of women in this study told their wives about their sexual experiences before marriage, such as having had multiple sex partners or group sex. A national survey reported that nearly one-third of Cambodian men aged 15 to 19 (30.8%) had more than two partners in the last 12 months and two-thirds of them had participated in high-risk intercourse (CDHS, 2005). Findings from the current study support the importance of reaching young adolescents with gender-focused programming in early in life.

Study results are consistent with prior studies of Cambodian males' involvement with commercial sex workers (FHI, 2002; Hong & Chhea, 2009; Phan, & Patterson, 1994). Women in other countries, e.g., Mozambique, viewed their husbands' infidelity as "normal" behavior, too (Bandali, 2011). In the current study, the wife's unavailability for sex, whether because of postpartum healing or geographic distance, made the men's practice of having sex with other women justified in the women's eyes. Also women did not want to do some of the sex acts that their husband wanted; such acts were not consistent with their self-identity as a good Khmer woman. Most women in the current study understood that men were not able to withstand their sexual urges and needed to have extramarital sex. They differentiated the role of wife from that of sex worker, believing that their husbands used the services of sex worker with payment but did not become the sex worker's lover.

To deter their husbands from finding sexual partners outside the home, some women used strategies such as having their spouse drink at home, preparing delicious meals, and giving their spouse

massages. However, the proverb "no one eats sour soup everyday" begs the question, "Does a husband's sexual satisfaction with his wife play a role in preventing HIV from 'coming home'?" Clearly, similar to other reports (FHI, 2002), the culture of pardoning a man's infidelity in this study may have greatly contributed to HIV transmission. This means that HIV transmission was co-created: women pardoned their husband's sexual activities outside the home; husbands sought them as part of their male right and as honoring the cultural norms to not engage in sex with their wife during specific times. A cycle of bi-directional causality occurred, both wives' and spouses 'behavior contributing to transmission.

What did the women do to protect themselves from the HIV transmission? No findings from the current study suggested that women did anything to protect themselves from HIV transmission from their HIV infected spouses. Often women were not aware of their husbands' sexual activities outside of the marriage; some were ignorant of their husband's HIV+ status; and some did not understand the means by which HIV was transmitted. Thus women did not perceive themselves to be at risk for contracting the virus. Most women did not question where and what their husbands did when they were outside of the home, especially when the husband was far from home because of work. The women reported that it was not socially acceptable for a wife to ask about her husband's whereabouts. The women's discomfort in discussing sex with their husbands, evident in their narratives, contributed to their ignorance.

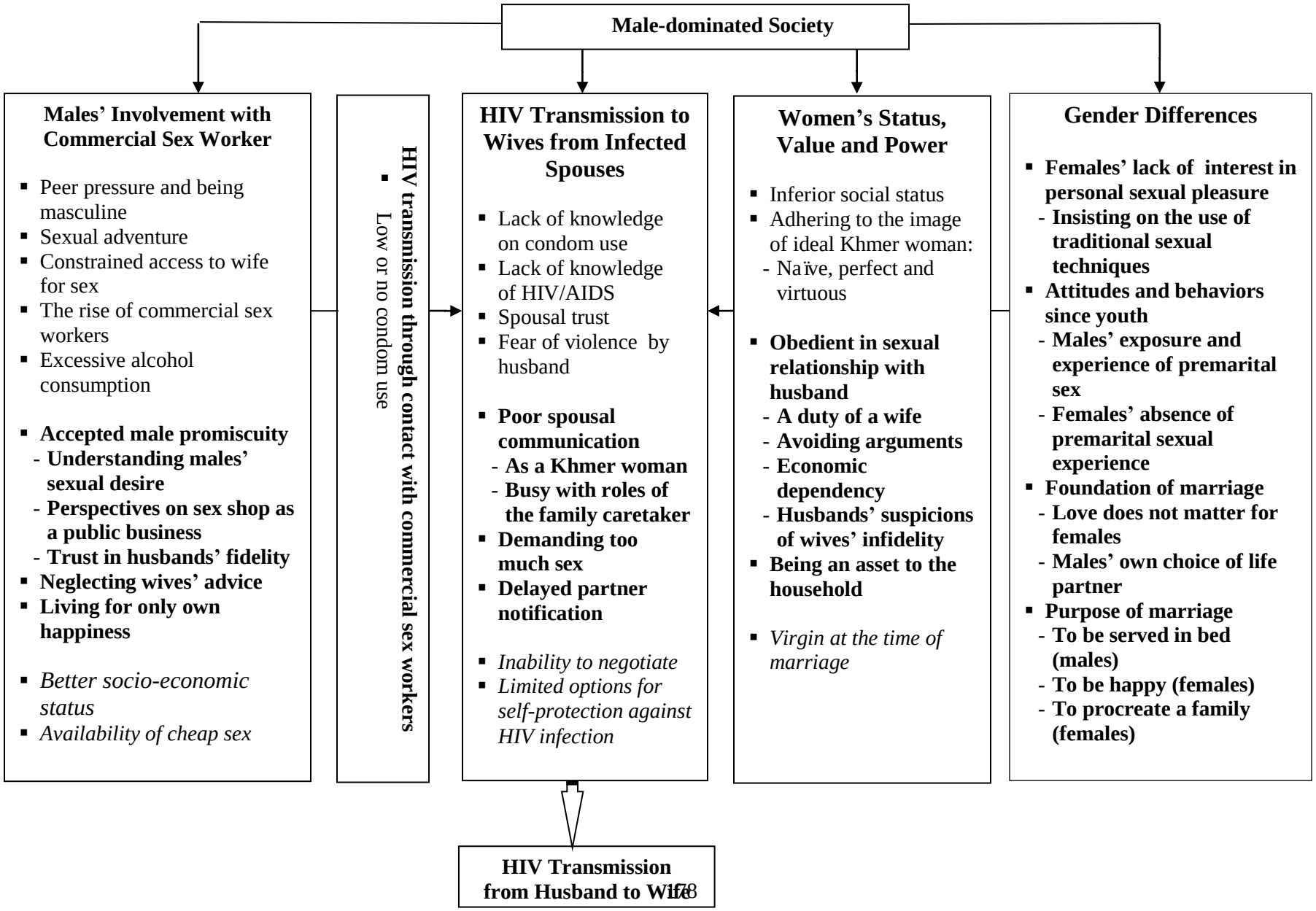
The women's ignorance of HIV transmission from spouse to wife reflects their adherence to culturally predetermined gender roles that, at least in part, contributed to contracting the HIV virus from their spouse. Second, most study participants knew nothing about condom use as a means of preventing HIV transmission. Condom use by the women with their husbands was very low before the diagnosis of HIV. The majority of the women mentioned that condoms were commonly used by the men with women outside of marriage but not with wives. They believed that if they requested condom use between spouses, it would lead to distrust and suspicion. Some women also felt that by not using condoms their husbands would value them more. This latter result consistent with findings reported by the Cambodia Ministry of Women's Affairs (MoWA) in which only 1% of women consistently used condoms with steady male partners (MoWA, 2008). The low utilization rate of condoms between spouses is also common in other

countries, such as South Africa (Macia, et al., 2011). In other countries, such as India and Ghana, being childless can lead to stigmatization of a married woman. Therefore, few practiced safe sex even when they suspected their husband's infidelity; the women's desire to conceive a baby was generally stronger than fear of contracting HIV (Achan, 2009; Varma, 2010).

Poor HIV-related communication between the husbands and wives, such as condom use, HIV testing, and risky behavior, emerged as major risk factors for infection. The women in this study usually did not openly talk about sex-related topics or their husbands' risky behavior outside of the marriage. Rather, women were occupied with being the family caretaker. This poor spousal communication may derive from cultural norms that required a modest Cambodian woman to not be knowledgeable about sexual matters (Greenwood, & Francis, 2001). In Kenya, the quality of spousal communication about HIV was influenced by spousal age, education, and the primary decision maker in the household (Chiao, et al., 2011). Wives who participated more in the household decision-making, with husbands of the same age or younger, and with secondary or higher education, had more mutual HIV communication (Chiao, et al., 2011). A study among 779 HIV-negative women in the north of Thailand showed that open communication with husbands increased HIV testing in women during the study period (Manopaiboon, et al., 2007). These findings suggest an intervention that builds communication skills between the women and their spouses could be a strategy for HIV prevention and services.

In conclusion, to tailor HIV prevention programs to the culture-specific needs of a group, it is critical to have a clear understanding of the cultural, social, and interpersonal contexts of sexual behaviors within a married couple from a woman's perspective. As with other studies, this study found that the complexity of gender roles and the sociocultural status of the women acted as behavioral determinants in not protecting them from HIV transmission. Participating women also recognized that traditional gender norms favored men over women. Figure 3 summarizes causal factors in the explanatory model of spousal HIV transmission in Cambodia that were reinforced, further elaborated, or were newly discovered by this study.

Figure 3. Summary of the Potential Mechanism of Spouse –Wife HIV transmission in Cambodia



Elements highlighted in bold fonts in each box indicate new potential explanatory factors that were discovered in the current study. The last component 'Gender Differences' was added to the explanatory model because it emphasizes how the gender dynamic affects marital life and the spousal intimate relationship. Factors written in regular font concurred with results from prior studies that were also identified in the current study. Factors written in italics were identified in prior studies but were not demonstrated in data obtained from the female participants in the current study.

Becoming a Person with HIV: **HIV Testing and Disclosure**

Understanding the process of becoming aware of one's sero-positive status and of confronting one's own responses, as well as those of one's family and community, is important in formulating HIV services (Iliyasu, Abubakar, Musa, & Aliyu, 2011). This section addresses this process in current study results.

Many women and their spouses came to get tested for HIV because of their prolonged illness. At first they sought traditional remedies for their symptoms. Only a few were even aware of HIV testing when they first became ill. More recently, married women and men have become more aware about getting tested for HIV. In the Cambodia Demographic Health Survey (CDHS) in 2005, 46.2% of married women currently living with their husbands reported that they knew where to get tested for HIV. That percentage increased to 70.7% in 2010. Additionally, 11.8% were actually tested and received results in 2005, while 31.6 % did so in 2010. In 2010, 71.1% married men reported knowing where to get an HIV test, and 31.8% had done so and received results, thus tracking very closely to their female counterparts' awareness (CDHS, 2005 & CDHS, 2010). The number of sites for voluntary confidential counseling and testing (VCCT) services has increased dramatically in the last 10 years, from 12 sites in 2000 to 255 sites by the end of 2011. In 2011, of the 704,979 VCCT clients, 35.8% were self-referred and 48.5% were referred by antenatal care services (NCHADS, 2012).

Two women in the current study learned of their HIV diagnosis during prenatal care. This seems to be a common situation. In 2010, 64.2% of women in urban areas and 43.2% in rural areas reported that they received results and post-test counseling during their prenatal care (CDHS, 2010). In August 2006, the Cambodia Ministry of Health adapted an opt-out HIV testing approach at

prenatal care, meaning HIV tests were and continue to be done routinely unless a patient explicitly refuses (Ministry of Health, 2007). The Ministry of Health of Cambodia also revised the ARV prophylaxis guidelines for prevention of mother to child transmission (PMTCT), in line with WHO recommendations (Ministry of Health, 2007).

When a spouse was found to be HIV-positive, the health care provider recommended the partner's testing in the study. However, some women and their husbands refused or delayed the test due to the fear of being positive, fear of rejection, and no perception of HIV risk.

An early diagnosis and quick action to get services can reduce opportunistic infections, key to delaying the disease's progress (Vermund & Wilson, 2002). Late detection of the disease is a major cause of increased health costs burden (Kako, 2008). Thus, in 2002, the World Health Organization (WHO) initiated couple testing to promote the uptake of testing, to identify the spouse of the infected partner, and to support women in using prevention to stop mother-to-child transmission (PMTCT) (WHO, 2003). Providing adequate counseling and testing to partners of persons who recently learned their status is called HIV partner notification (PN) or contact tracing (Brown, et al., 2012). There are two ways of PN; one is patient referral, which is done when infected individuals communicate to their sexual partners that may be at risk. The other is provider-assisted referral in which a provider informs the infected person's partners and encourages them to seek counseling, testing and other services. The latter one is resource-intensive, requiring transportation and field staff. For this reason, sub-Saharan Africa and Cambodia use patient referral (Brown, et al., 2012). There is an issue of PN between a patient's right to confidentiality and their partner's right to a healthy life (Chaiyamahapurk, Pannarunothai, & Nopkesorn, 2011). However, in a previous qualitative study in Uganda with 13 fathers, the lack of understanding the need to be tested even without symptoms, combined with a perceived unpleasant health care setting and the idea of testing with their wives, precluded their voluntary involvement in testing and counseling (Larsson, et al., 2010). They stated a preference for individual testing as opposed to accompanying their wives. Male participants suggested men-only clinics, mobile clinics for HIV testing, and using peer sensitization as alternative ways to increase the rate of testing among males (Larsson, et al., 2010; Larsson, et al., 2012).

On receiving news of their HIV infection, most of the female participants in the current study felt shock, anger, sadness, and hopelessness. In contrast, they claimed their husbands showed little outward responses beyond a generalized feeling of 'bad.' There are no data to interpret these differential responses. It could be that the women were unaware of their exposure to risk and unprepared for the consequences of being diagnosed HIV-positive. In contrast, their husbands may have been more aware of their own risk considering the husband's use of extramarital sex. The finding of differential response to the HIV diagnosis is similar with findings from other studies which compared first responses of men and women to the news of being HIV-positive (Obermeyer, Sankara, Bastien, & Parsons, 2009; Oluwagbemiga, 2007).

A new finding from the current study is that several women blamed themselves for both their and their husbands' HIV infection, while most women felt victimized. Women believed that by rejecting their spouses' sexual overtures, their husbands were driven to seek partners outside of marriage and exposed themselves to the risk of HIV. In addition, some also accepted the HIV diagnosis as their karma or fate.

Undergoing Changes and Moving on with Life

This study discovered that, after the HIV diagnosis, changes occurred in the families of the women. Many researchers from other countries documented similar experiences among families living with HIV/AIDS, but there has been a scarcity of research focusing on the Cambodian population.

In the current study, along with ARV medication, HIV changed the couple's sexual relationship, including their sexual desire and their ways of finding enjoyment during intercourse. Most women reported that sex became less frequent than before the diagnosis, primarily due to their husbands' physical weakness and reduced sexual desire. The women were more concerned about their children and surviving their daily existence rather than having sex to please their husbands. The lack energy after work, a small house with no privacy from the children, and a fear that the virus would weaken their health were all identified reasons women reported for having less frequent sex. Other studies have also reported a dramatic change in sexual behavior before and after the diagnosis of an HIV infection (Jewkes, et al., 2010; Qi, et al., 2012; Rojanawiwat, et al., 2009).

There were 2 groups of women in the current study: those in whom sexual activity diminished and those in whom sexual activity recovered. In a longitudinal study examining changes in sexual desire after initiation of ART, many people complained of body weakness and weak sexual function at 3 and 6 months on ART, compared to 18 and 30 months of use (Wamoyi, Mbonye, Seeley, Birungi, & Jaffar, 2011). In the current study, 14 of the 15 women and all of the husbands were on ART an average of 5.2 and 6.2 years, respectively. Some women shared how their or their husbands' sexual desire recovered after a period of time on ART, too.

All women reported how the disease devastated the household finances. Mostly, economic consequences were reflected in their decreased family income and increased expenditures for medical service, deflected somewhat by selling assets. Families were left with little or nothing for food and clothing. Illness was the most common reason for reducing working hours and quitting a job, which also led to a decreased family income. Medicine and transportation for clinic visits were the major causes for extra expenditures. Food safety, children's schooling, clothing, and paying for shelter were the major financial needs of the women. Their children often were left in the hands of grandparents or siblings because it was not possible to keep them fed. Consequently, HIV/AIDS became an additional threat that deepened poverty for the women's families. Considering the age ranges of the participants and their partners (30s to 40s), HIV devastated them at the peak of their productive income-generating years (Pulerwitz, Michaelis, Verma, & Weiss, 2010). In a previous study, 38% of the children of the HIV-infected parents were forced to drop out of school because of financial constraints (Taraphdar, et al., 2011). HIV hits the parents, leaving grandparents the responsibility for rearing the children and the orphans (Oluwagbemiga, 2007).

HIV changed the relationship and interactions between the women, their communities, and their extended families. Some participants experienced insults and marginalization from their family and community. Mostly, the physical stigma was discussed in the women's narratives. Due to ignorance and incorrect knowledge of HIV transmission, people hesitated to be close to the participants for fear of contracting the virus through everyday contacts with them or their children. People would not purchase anything from the HIV infected women's retail shops or play with their

children. For this reason, the women often decided not to disclose their status, even though their unexplained absences from work resulted in unfavorable consequences, like salary cuts at work.

In a national survey, only 58.7% of Cambodian married women reported they would buy fresh vegetables from a seller who had the AIDS virus. The percentage was even lower among the women age 40 to 49 (CDHS, 2005) at 49.0%. In 2010, the percentage increased to 77.7% and 69.0%, respectively (CDHS, 2010).

Furthermore, 76% of all female respondents in 2005 and 83.7% in 2010 indicated that they were willing to care for a family member with AIDS in their home (CDHS, 2005; CDHS, 2010). People's attitudes toward and acceptance of those living with HIV/AIDS had improved over the five years between surveys. In a study conducted in 2007 in Nigeria, 22% of 205 respondents with HIV reported that they were discriminated against: 50% stating the discrimination was at home, 40%, that it occurred in the workplace; and 38%, that it happened among friends (Iliyasu, et al., 2011).

Despite multiple adversities the women faced because of HIV, the current study discovered that the women decided to move on with their lives. The women mostly referred to their children as a source of hope and saw their husbands' behavior change as head of the household, giving them more control and hope for a better future than even before the HIV diagnosis. Both their husband's changed behavior and their children gave them the strength to not only go on with their life routines but also to reporting that life was better than before their diagnosis. The availability of ART provided hope to the women, including living a long remaining life. Interestingly, the women's text did not refer to spirituality or support from any religion, such as Buddhism. In another culture, African American women described being a faith believer as a positive influence on their HIV self-management (Webel & Higgins, 2012). Thai HIV-positive women practiced a Buddhist way of spiritual activities, such as meditation combined with prayer while struggling with the virus.

In summary, the HIV infection left the women no place to stand or retain their valued a social and cultural identity. Many women lost their positive reputation that was culturally given to wives and mothers in their communities. Such a loss involved a "loss of the future," "abandonment," and a similar expression from a study "a fall from grace" (Valencia-Garcia, Starks, Strick, & Simoni, 2008). However, the women's roles remained the same, serving the needs of their husbands and

children. Ironically, their perceived women's duties, especially as devoted mothers, motivated them to move forward with their lives, too.

Implications for Clinical Practice

Study findings have substantial import for the design of needed services and clinical practice. The following implications need to be considered to curb spousal HIV transmission in a Cambodian context and support the women living with HIV/AIDS. Some factors relevant to HIV transmission in marriage can be altered in the short- term; cultural and societal factors will require longer term attention.

First, spouses must be engaged in programs. It is naïve to think that empowering women in Cambodia in isolation of engaging their spouses will affect HIV intra-marital transmission. It is clear from current study results that males are a part of the problem and need to be part of the solution as well. In equipping women with the effective skills to discuss sexual health or gender issues with their spouses, program officers should also be concerned about their marriages and safety in their households in respect with the possibility women can be in the risk of domestic violence. Several studies conducted in Cambodia among married women highlighted this point too (Kakimoto, Sasaki, Kuroiwa, Vong, & Kanal, 2007).

Second, a program needs to be developed to target adolescents in their sexually formative years - times during which they are forming gender-related identities. It is important to teach both boys and girls healthy gender norms and attitudes towards sex. A junior and senior high school curriculum could be aimed at constructing gender role lessons pertaining to love and marriage, communication skills with the opposite sex, STDs and HIV, and human physiology. Young men outside the education system should be included in a community-based program in considering that they are less likely use condoms (Douthwaite & Saroun, 2006). A healthy youth population is important for low-resource countries; in 2010, 61.1% of the Cambodian population was under 24 years of age (Laski & Wong, 2010; United Nations, 2010). In general, Cambodian boys are more exposed to sex, both in rural and urban areas; girls living in rural areas, uneducated girls, and those who marry at a very young age are more vulnerable to HIV infection, sexual violence and abuse (Laski & Wong, 2010). Recall that current study findings revealed that women were innocent of

their husbands' premarital sexual activity from the very first day of their marriages. In addition, the women expressed concern that their young children and this generation's youth should know to protect themselves. Women in the current study were adamant that the next generation not follow in their footsteps. The 'Stepping Stones' program for youth group can be adapted in the context of Cambodian culture (Jewkes, Nduna, & Jama, 2002; Welbourn, 1995). An adaptation and training package on gender communication and HIV is available to the public through Salamander Trust via their website (http://www.steppingstonesfeedback.org/index.php/page/Resources/gb?resourceid=5) (Salamander Trust, 2011).

Evidence suggests mandatory premarital HIV testing needs to be required prior to entering into marriage. It is an effective strategy to prevent HIV transmission to protect women in developing countries for spouses who enter the marriage HIV infected (Open Society Institute). In Cambodia, this practice is currently widely mandated by parents of spouses in arranged marriage negotiations. The Law on the Prevention and Control of HIV/AIDS, enacted by the National Assembly on June 14, 2002, as translated by the International Labour Organization, clearly states that "All HIV tests shall be done with voluntary and informed consent from the individual" (Article 19) (Kingdom of Cambodia National Assembly, 2002). This mandate should assure individuals' voluntary consent to testing, counseling before and after testing, and keeping confidential test results. The purpose of testing would not be advertised as a way to stop the wedding when a potential spouse tests positive; rather, it is a way for a couple to protect each other. Implementing a law at the national level could provide a short-term change in the practices of a country's people.

Married women who are HIV positive, like the participants of this study, can also talk to married women in the community who are HIV negative in an attempt to influence the non-infected women's behaviors. Their lessons or appeals may be strong in persuading the women who are HIV negative to exercise standard preventive measures. An HIV peer education program has been adopted in some agencies in Cambodia, but it is not targeting married women by using female peer educators.

Mass media in public can be used to promote gender equity and prevent HIV transmission through positive spousal communication and the empowerment of women. This gender-sensitive

programming would need to be supported for many years in order to address the fact that awareness and attitudes do not usually change in mere months. Findings from this study point out the influence of community elders on women's married lives. Grandmothers, mothers, and village wise men gave advice to women before they marry about how a good woman behaves and adheres to Cambodian family values. Considering the high illiteracy among the older Cambodian population and the general preference and accessibility of mass media in rural areas, TV and radio can be potentially effective channels for distributing the information. A program can be implemented through cooperation among the Ministries of Health and Women's Affairs, HIV/AIDS-focused agencies such as the National AIDS Authority (NAA), and the National Center for HIV/AIDS, Dermatology and STD (NCHADS). The messenger has to be a Khmer woman respected in the community. Dramatizations related to gender issues or HIV as they are encountered within couples and families could be designed and broadcast on public stations. As some women participants suggested, topics covered by the series could include the importance of honesty between spouses, faithfulness, love, and mutual respect.

Creating more job opportunities for women through job training and loans could help reduce the financial inequality for women, thereby giving the women more power and authority over their lives, including power to negotiate safer sex (Mbonu, et al., 2010). As one study participant advocated, there is a need for women's financial independence. Some agencies have income-generating programs, such as sewing, making flowers and soap, and micro-financing by lending USD $50-100. Although marketing those products and effectively running the loan programs are left as assignments, programs need to be scaled up in order to encompass more women, especially women in rural areas (Chang, Kong, Phal, Pugatch, & Allen). Like the IMAGE intervention (Pronyk, et al., 2006), the micro-finance initiative can incorporate a participatory and community-based curriculum that includes gender norms, communication and relationships and HIV-related knowledge and practices. This may enable women to get involved in community activities as well as improve their skills of articulating their own voices and internalizing their value as people in the long term.

Lastly, programs supporting women with HIV need to be strengthened. Several women in this study entreated the research team to establish a system of support for women with HIV/AIDS. Although some women in the current study were able to find small windows of hope, their marginalized and discriminated daily lives still required that they obtain help from social agencies. In particular, a woman abandoned by her husband, family, and community needed a safe shelter where she and her daughter could be protected from her husband's violence. She had no source of support or networking to get help and finally decided to travel to another province, where she planned to meet a stranger, without any clear information as to what this person could do for her.

Implications for Research

Several areas of needed research are suggested by study findings.

It is critical to engage male partners in a future interview study. Their data will be essential to inform future prevention programs for married couples. Men's perceptions of masculinity ("What does it mean to be a man?"), their perspectives of the roles of a good husband and good wife in their social norms, their awareness and practice of HIV prevention strategies, and their attitudes towards intimate partner violence against women are examples of topics that should be explored. What motivates a decision to marry, the meaning of sex, the process of being tested for HIV, disclosure issues, and the experience and challenges of living with HIV/AIDS among married men with HIV in Cambodia also only partially known from the current body of knowledge. In conducting the study with males, it will also be important to develop the researcher's personal strategies for emotional respite.

Future studies are needed to examine how young adolescents form their perspectives and beliefs about marriage and sex from their background of environment, parents, and peer-groups in order to address the importance of attitude on gender-related issues in marriage and sexual practices. Data emanating from such a study could inform an intervention program targeting youth to help build healthy images about family and equality. Further, the beliefs and practices of younger and more educated Cambodian women and men need to be described in future studies. It may be that younger or more educated Cambodians hold beliefs and practices that are different from findings from the older and less educated women in the current study.

Mothers, grandmothers and other referent women of the HIV-infected women are another important sample to be studied in the future. Those women are the source of reinforcement for social norms that claimed that good wives should serve their husbands, despite the husbands' sexual behavior.

Future studies can be extended to determine the function of men who have sex with men (MSM) in the male-to-female HIV transmission. Previous studies show MSM as a bridge to bringing HIV to a stable relationship because of their tendency of marrying female partners (Setia, Sivasubramanian, Anand, Row-Kavi, & Jerajani, 2010). Little has been studied or known about Cambodian MSM's behaviors when they married women. Recruitment of study participants could connect with groups involved in the gay community or whose members are MSM. Contacting the owners of the gay bar "Rainbow" located in Phnom Penh, could be one channel for recruitment.

Strengths and Limitations of the Study

The primary strength of interpretive phenomenological research is that it strives to conceive meaning within social, historical, and cultural context (Leonard, 1994). In addition, this methodology is grounded in an appreciation of using fore-structure of understanding, which allows the incorporation of a researcher's pre-knowledge, preconception, prior experience, personal biases and relevant review of literature in understanding and interpreting the participants' narratives (Benner, 1994).

This study was unique in its efforts to more fully explore the underlying culturally and socially embedded factors from the perspectives and lived experiences of the wives infected with HIV from their spouses. The stories of being infected with HIV and living with the virus provided insight into what it was like to work through becoming a person with HIV and then moving on with one's life. The findings are a step towards bridging the knowledge gap and developing culturally sensitive and appropriate program to mitigate spousal HIV transmission.

All research methodologies have some limitations. One limitation of interpretive phenomenology is that the findings are limited to the study participants, time period, and geographic location. While the findings may not be generalizable to the experience of all Cambodian women with HIV, this study did include women of diverse age (28 to 42 years); length of time since HIV

diagnosis (1 to 14 years), level of formal education (0 to 12 years); occupation (having a job or staying at home); and monthly income (USD $10~ 200). Participants represented a balanced of residences in rural and urban areas. The participants' experiences and perspectives appeared to be similar, but individual marriage background, knowledge, and environment varied.

Another limitation is that analysis and interpretation of the interview data is subjective and may be biased towards the knowledge and experience of the investigator. My personal prior-knowledge, experience, and insight (forestructure of understanding) were complementary in understanding and interpreting the findings, congruent with the chosen methodological approach. Throughout the research process, I attempted to correct this by: (a) making explicit my personal forestructures of understanding; (b) being consciously aware of my HIV infection bias and continually questioning the authenticity of the interpretation of the women's stories; (c) clarifying with the participants their thoughts, ideas, concerns, and practices that were unclear through two sessions of interviews; and (d) consulting with my dissertation Chair, Dr. Frances M. Lewis, and with my mentor Dr. Danuta Wojnar, an expert in phenomenological research. However, this study did not include formal member checks because of communication barriers, such as the distance between Cambodia and the USA precluding in-person discussion, the difficulties of using alternate forms, such as email or Skype, and inherent language barriers.

Methodological Concerns

Several methodological concerns were encountered during this research. First, recruiting study participants was not as difficult as expected. The director of the director of the participating hospital's infectious disease department of the hospital allowed two support group leaders to work as intermediaries for recruiting women for the study. Both leaders have known me since 2005 and clearly understood the purpose of my study and its selection criteria for eligibility. Their help was critical for successful recruitment. Some eligible women could not participate because they arrived with young children or had to return home before rain or nightfall. A few women also seemed to be frightened of being interviewed and hesitated to join the study.

Interviewing participants in an office setting provided them with a safe environment to talk openly about their husbands' sexual behaviors. No potential risk of causing a fight between the

couples appeared. Since some of the women's stories were neither expected nor socially desirable, I believe that these interviews offered a fair description of actual lives, attitudes, and perspectives. As expected, the level of understanding the questions and being open in their responses varied among the women. Referring to oneself as "a woman" or "a person" was challenging for them. This could be an outcome from an inability to reflect a sense of personhood for oneself or a result from considering one's husband and family as the priority. Some open-ended questions (e.g., asking about gender inequality or the meaning of sex) were difficult to understand and articulate in the participants' language. Giving an example or starting with a short yes/no question were methods used to initiate the conversation and help with topic comprehension. Although close-ended questions and giving examples are not suggested for successful interviews, these strategies were found to be helpful in generating story-telling in this particular group; this may be because of the subjects' lack of education and interview experience. Two initial questions were reworded. "How did you learn about your being HIV positive?" became "How did you get to know about your being HIV-being positive?" As the researcher, I realized this change was needed when the original question elicited the response of "through blood test" when the desire was to get the participants' perspective on the blood testing process. Another question, 'what was it like for you to learn your diagnosis of HIV?" was altered to "How was your feeling when you got to know your diagnosis of HIV?" because participants could not understand the phrase "what was it like." After the question was corrected, the women understood the concept and began to share their stories as the study intended. Several women could not write the interview date (e.g., 10.23. 2011) on the information sheet and had to copy my writing. Before traveling to Cambodia I conducted two field interview feasibility studies with young and old Cambodian women living in Seattle. These were useful for equipping myself as a skilled interviewer and informing me of some of the challenges I would face when conducting the study in Cambodia.

Sometimes, I experienced an emotional toll from interviewing the women. Their true and vivid life stories and experiences were very intense. During the intensive fieldwork, I had dreams of being infected with HIV by my husband and living with the virus. In order to reduce and deal with my emotional overload, I kept a personal journal. I also tried to schedule regular times to get away

from the research. Meeting local friends, going to a stadium to jog, and taking weekend trips were very helpful to alleviate the emotional and physical burden.

Conducting a study in a setting where I was a foreigner added additional challenges to the research process. I successfully recruited local team members (interpreter, transcriptionist, and translator) through personal networking and an announcement in a university bulletin. Their professional skills and commitment all contributed to the completion of this study. Some of the interpreters and translators have been involved in HIV/AIDS work for more than 10 years and are majoring in health science. Recordings of the interviews were transcribed in Khmer and then given to the translators. For any parts that were unclear, the translators went back to the original voice record to ensure that they understood the speaker's original intention.

Back-translation was carried out to ensure linguistic and cultural equivalency; most discrepancies were found in word and phrase choice. Options of attitude, thoughts, concepts, people living with HIV versus those who are affected by AIDS, and "your relatives who are staying with you" versus "family members living with you" are some examples. In particular, older participants tended to use "we" when referring to themselves, making it confusing when trying to differentiate between the individual, the couple or a group. Vague pronouns were determined in the context of conversation and situation. Depending on the translator's knowledge, some expressions were translated differently. For example, to the question, "What does your husband want to get from sex?", many women replied, "*Koat* [he] *chung* [wants] *srual* [comfortable/easy]." This was translated into various phrases: "he wants to ejaculate," "he wants orgasm," "he wants the highest feeling," and "he just wants be comfortable in his feeling." During the debriefing meeting with a translator, I was told that some women might not articulate the term "*chen* [discharge] *ttuckkam* [semen]" (referring ejaculation) because of their shyness. "Touching" versus "fondle" and "force" versus "catch" versus "raping" are other examples of translation discrepancies that came to light. Whenever the two translators disagreed, we reviewed the original voice records and chose the term that was closest to capturing the women's expression. Translating word by word, not rounding or interpreting text, was emphasized during the translator training sessions and was a part of verifying each one's work.

Conclusion

The goal of this study was to understand and interpret the experience of Cambodian women infected with HIV by their husbands. Cultural beliefs and practices in marriage, as well as the experiences of discovering HIV and living with the virus, were explored from the women's perspective. Analysis from the participants' narratives yielded four main themes: 1) *Adhering to Traditional Khmer Family Values and Fulfilling the Role of a Khmer Wife; 2) Becoming a Person with HIV,3) Undergoing Changes, and 4) Moving on with Life.* These themes were organized within the larger overarching experience of "*The Loss of the Past, the Loss of the Future: Life Journey of a Khmer woman before and after her HIV Diagnosis.*" This overarching experience encompassed the ideas of "*The Woman as Person: Absence of Oneself"* and *"The Woman as Person: the Forsaken One*" respectively.

Results indicate several main points. First, the mechanism of HIV transmission within marriage was found to be deeply embedded in the social norms and gender dynamic. This study also reinforces the importance of the development of prevention and intervention programs that are culturally acceptable and effective; the findings of this study provide some suggestions for the programs. Last, the need for further research is needed to offer a better understanding of the experience of men with HIV, their perspectives of "masculinity," and the meaning of "being a husband."

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APPENDIX A: Recruitment Flyer

Cambodian Women's Experience Living with HIV/AIDS

Hello! My name is Young Ran Yang. I am a Ph.D. student in the School of Nursing at the University of Washington, Seattle, USA. I am a Korean and came to Cambodia to meet women in the country for my doctoral dissertation.

The objectives of the research study are:

- To learn about beliefs of what it means to be a good wife
- To learn about beliefs regarding sexual relationships inside and outside of marriage
- To learn about the practices that women have tried to protect themselves from HIV infection
- To learn about challenges faced by women while living with HIV/AIDS

To achieve these objectives, I will meet and talk with women who are living with HIV/AIDS. All conversations will be kept confidential.

You are eligible to participate if you are:

- A married Cambodian woman
- Aged 18 years old or older
- Completed Grade 12 (high school) or less
- HIV-infected
- Have been sexually active with your husband
- Not separated or widowed for more than one year

If you decide to take part in the study, you will do these with the help of a Cambodian female assistant.

- Set up a time and place to meet
- Answer a few questions about your health
- Meet with me two times to talk about your experiences

An appointment requires about 60-90 minutes. You will meet me in the office near/in the hospital. I will record the conversation so that I do not miss anything you say. I will use a digital voice-recorder. When you complete each appointment, you will immediately receive 20, 000 Riel ($5) for sharing your time and experience.

If you are interested in participating, or would like more information, please contact:

Young Ran Yang XXX-XXX-XXXX youngran@uw.edu

Local assistant XXX-XXX-XXX

Please remember that I cannot guarantee the confidentiality of any information sent by e-mail

APPENDIX A: Recruitment Flyer in Khmer

សេចក្តីបន្ថែម ៨: ខិត្តប័ណ្ណការជ្រើសរើស

បទពិសោធរបស់ស្ត្រីខ្មែររស់នៅជាមួយការផ្ទុកមេរោគអេដស៍

សួស្តី ខ្ញុំឈ្មោះ យ៉ាង យ៉ុងវ៉ាន់ ជានិស្សិតថ្នាក់បណ្ឌិត សាលាផ្នែកគិលានុបដ្ឋាក មកពីសាកលវិទ្យាល័យ វ៉ាស៊ីនតោន ស៊ីដថល សហរដ្ឋអាមេរិច។ ខ្ញុំជាជនជាតិកូរ៉េ ហើយបានមកស្រុកខ្មែរដើម្បីជួបនិងបងប្អូនស្ត្រី នៅក្នុងប្រទេសនេះសំរាប់ការធ្វើបទបង្ហាញថ្នាក់បណ្ឌិតរបស់ខ្ញុំ។

គោលបំណងនៃការសិក្សាស្រាវជ្រាវមាន :

- សិក្សាអំពីជំនឿចិត្តថាមានន័យយ៉ាងម៉េចក្នុងការធ្វើជាប្រពន្ធលួម្នាក់
- សិក្សាអំពីជំនឿចិត្តអាស្រ័យលើទំនាក់ទំនងផ្លូវភេទក្នុងនឹងក្រៅការរៀបការ
- សិក្សាអំពីការអនុវត្តដែលស្ត្រីបានព្យាយាមធ្វើការការពារខ្លួនគេពីការឆ្លងមេរោគអេដស៍
- សិក្សាអំពីការប្រឈម ប្រជែងរបស់ស្ត្រីក្នុងការរស់នៅជាមួយមេរោគ និងជំងឺអេដស៍

ដើម្បីសម្រេចនូវវត្ថុបំណងទាំងនេះ ខ្ញុំនឹងជួប ហើយនិយាយជាមួយស្ត្រីដែលរស់នៅជាមួយមេរោគអេដស៍។ រាល់ការសន្ទនាដែលបាននិយាយជាមួយខ្ញុំ នឹងត្រូវបានរក្សាទុកដោយការសឿជាក់ ។

<u>អ្នកអាចមានសិទ្ធិចូលរួមបាន បើអ្នកជា</u> :

- ជាស្ត្រីខ្មែរដែលបានរៀបការហើយ
- មានអាយុចាប់ពី១៨ឆ្នាំឡើងទៅ
- បានបញ្ចប់ថ្នាក់ទី១២(វិទ្យាល័យ)រឺទាបជាង
- បានឆ្លងមេរោគអេដស៍
- បានរួមភេទជាប្រចាំជាមួយស្វាមី
- មិនរស់នៅផ្សេងគ្នា រឺម៉ែម៉ាយ មិនលើសពី១ឆ្នាំ

បើសិនជាអ្នកសំរេចចិត្តធ្វើជាផ្នែកមួយនៃការសិក្សាអ្នកនឹងធ្វើការនេះដោយមានការជួយពីជំនួយការស្រីជនជាតិខ្មែរម្នាក់។

- កំនត់ពេលវេលានិងកន្លែងសំរាប់ការជួប
- ឆ្លើយសំនួរមួយចំនួនអំពីសុខភាពរបស់អ្នក
- ជួបខ្ញុំចំនួន២លើកដើម្បីពិភាក្សាអំពីបទពិសោធ

ការណាត់ជួបនិមួយៗនិងត្រូវការពេលប្រហែលពី ៦០-៩០នាទី។ អ្នកនឹងជួបខ្ញុំនៅការិយាល័យជិតក្នុងមន្ទីរពេទ្យ ។ខ្ញុំនឹងធ្វើការថតសម្លេងការសន្ទនាដូច្នេះ ខ្ញុំនឹងមិនបាត់បង់នូវអ្វីដែលអ្នកបាននិយាយ។ ពេលអ្នកបញ្ចប់ការណាត់មួយលើកអ្នកនឹងទទួលបាន ២0000រៀល(៥ដុល្លារ) ភ្លាមៗសម្រាប់ការចំណាយពេល និងបទពិសោធន៍។

បើអ្នកចាប់អារម្មណ៍ក្នុងការចូលរួម រឺចង់ដឹងពិត៍មានបន្ថែម សូមទំនាក់ទំនងមកកាន់ :

យ៉ុង យ៉ុងវ៉ាន់ 097-812 – 3529

youngran@uw.edu

សូមចង់ចាំថា ខ្ញុំមិនអាចធានាដោយការជឿជាក់ រាល់ពិត៍មានដែលបានផ្ញើតាមរយៈសារអេឡិចត្រូនិចទេ។

APPENDIX B: Recruitment Script for Site Intermediary

When a woman who is potentially eligible for the study approaches you, please read the following sentences as they are written:

"My name is (your name) and I am talking to you with permission from the hospital. Young Ran Yang, who is a doctoral student in the University of Washington School of Nursing, USA, is doing her research in Cambodia. She is a Korean lady and wants to talk with women to learn about women's experiences and beliefs about being a good wife to their husbands, their sexual relationship with their husbands and challenges that they face while living with HIV/AIDS.

"It is completely fine if you do not want to talk to Youngran to hear more about the study. Whether or not you talk to her at all and whether or not you are in the study will not change any of the care you receive at the clinic. I and your healthcare provider will never know if you are or are not in the study"

PLEASE CONFIRM ELIGIBILITY:

She is looking for women who are: married, 18 years of age or older, completed Grade 12 (high school) or less, HIV infected from their husband, have been sexually active with their husband and are not separated or widowed for more than one year.

Script continues:
"If you match this description and agree to participate, you would be invited to be a part of the study and asked to answer some questions about your health and talk with Young Ran two times. An interview will last approximately 60-90 minutes and it will be carried out with help of a Cambodian female interviewer in a private clinic room or office. The second interview will occur 2 weeks after the first interview. The purpose of the second interview is to clarify points from the first interview and complete all interview questions, if any questions remain. The interviews require that Young Ran record the interview so that she does not miss anything you say. She will use a digital voice-recorder. When you complete each appointment, you will immediately receive 20, 000 Riel ($5) for sharing your time and experience. Would you be willing to meet with Young Ran and her Cambodian assistant to learn more about the study?"

If yes, please refer her to Young Ran or the local assistant when they are in the clinic or obtain both daytime and evening phone numbers along with the best times to call. Please refer this information to:

Young Ran Yang at (XXX) XXX-XXX

Local assistant at (XXX) XXX-XXX

APPENDIX B: Recruitment Script for Site Intermediary in Khmer

សេចក្តីបន្ថែម ឈ : អត្ថបទច្រើសរើសសំរាប់ការនៅជាកណ្តាល

ពេលដែលស្ត្រីម្នាក់ត្រូវបានជ្រើសរើសអោយចូលរួមសំរាប់ការសិក្សានេះ សូមមេត្តាអានន្ទវប្រយោគខាងក្រោមដូចបានសរសេរស្រាប់ :

ខ្ញុំឈ្មោះ (ឈ្មោះរបស់អ្នក) ហើយខ្ញុំបានទទួលការអនុញ្ញាតពីមន្ទីរពេទ្យដើម្បីនិយាយជាមួយអ្នក។ យ៉ាង យ៉ុងវ៉ាន់ ជានិសិត្សផ្នែកបណ្ឌិតពីសាកលវិទ្យាល័យ វ៉ាស៊ីនតោន ប្រទេសអាមេរិច កំពុងធ្វើការស្រាវជ្រាវទៅ លើការឆ្លងរាលដាលមេរោគអេដស៍ពីស្វាមីទៅប្រពន្ធ ក្នុងប្រទេសកម្ពុជា។ គាត់ជាជនជាតិកូរ៉ែ ហើយចង់និយាយ ជាមួយស្ត្រីដើម្បីយល់ដឹងអំពីបទពិសោធរបស់ស្ត្រីនឹងការជឿជាក់ធ្វើជាភរិយាល្អចំពោះស្វាមីទំនាក់ទំនងផ្លូវភេទ ជាមួយស្វាមីរបស់ពួកគាត់ ហើយជំនះឧបសគ្គខណៈដែលរស់នៅ ជាមួយមេរោគអេដស៍។

"វាពិតជាមិនអីទេ បើសិនជាអ្នកមិនចង់និយាយទៅកាន់ យ៉ុងវ៉ាន់ ដើម្បីដឹងបន្ថែមពីការសិក្សា។ ទោះបីជាអ្នកមិននិយាយជាមួយគាត៌ក៏ចូលរួមនៅក្នុងការសិក្សានេះ នឹងមិនផ្លាស់ប្តូរអ្វីទាំងអស់នៃសេវាថែទាំអ្នកដែលធ្លាប់បានទទួលពីមន្ទីរពេទ្យបាល។ ខ្ញុំ និងអ្នកផ្តល់ការថែសុខភាពរបស់អ្នក និងមិនដឹងថាអ្នកចូលរឺមិនចូលរួមក្នុងការសិក្សានេះទេ។"

សូមបញ្ជាក់លក្ខខណ្ឌជ្រើសរើស:

គាត់ស្វែងរកស្ត្រីដែលបានរៀបការហើយ អាយុចាប់ពី១៨ រឺចាស់ជាងហ្នឹងបញ្ចប់ថ្នាក់ទី១២ (វិទ្យាល័យ) រឺទាបជាងហ្នឹង បានឆ្លងមេរោគអេដស៍ពីស្វាមីរបស់ពួកគាត់ នៅរួមភេទជាប្រចាំជាមួយស្វាមីពួកគាត់និងព្រមទាំងមិនរស់នៅបែកគ្នា មេម៉ាយ ច្រើនជាងមួយឆ្នាំ។

អត្ថបទបន្ត:

បើអ្នកត្រូវនឹងការអធិប្បាយ និងយល់ព្រមចូលរួម អ្នកនឹងត្រូវបានអញ្ជើញជាផ្នែកមួយនៃការសិក្សា នឹងស្នើសុំអោយឆ្លើយ នូវសំនួរមួយចំនួនអំពីសុខភាពរបស់អ្នក

នឹងជួបសន្ទនាជាមួយយ៉ុងរ៉ាន់ពីរដង ។ការសំភាសន៍ និមួយៗនឹងចំណាយពេលប្រហែល ៦០-៩០នាទី ហើយវានឹង
ធ្វើឡើងដោយការជួយពីអ្នកសំភាសន៍ជាស្ត្រីកម្ពុជា ម្នាក់នៅតាមបន្ទប់ព្យាបាលឯកជនរឺ ការិយាល័យ ។
ការសម្ភាសន៍លើកទី២ និងធ្វើឡើងនៅ ២សប្តាហ៍បន្ទាប់ពី
សម្ភាសន៍លើកទី១ ។គោលបំណងនៃការសម្ភាសន៍លើកទី២
គឺដើម្បីបញ្ជាក់បង្ហាញនូវចំនុចមួយចំនួនក្នុងកិច្ចសម្ភាស លើកទី១
ហើយបញ្ចប់ទាំងស្រុងនៃការសម្ភាសបើសិនជាមានសំនួរនៅសេសសល់ ។តំរូវការនៃការសម្ភាសន៍គឺ យ៉ុងរ៉ាន់
នឹងធ្វើការថតសំលេងក្នុងពេលសម្ភាស ដូចនេះគាត់នឹងមិនបាត់បង់នូវអ្វីដែលអ្នកបាននិយាយ ។
គាត់នឹងប្រើឧបករណ៍ថតសម្លេងដោយម្រាមដៃ ។ពេលដែលអ្នកបញ្ចប់នូវការណាត់ជួបនិមួយៗ
អ្នកនឹងទទួល បានភ្លាមៗនូវទឹកប្រាក់ ២0000រៀល(៥$)សម្រាប់ការចំនាយពេលវេលា
និងបទពិសោធរបស់អ្នក ។តើអ្នក ចង់ជួបយ៉ុងរ៉ាន់
និងជំនួយការជនជាតិខ្មែររបស់គាត់ដើម្បីយល់ដឹងបន្ថែមលើការសិក្សានេះដែរទេ?"

បើសិនជាយល់ ព្រមសូមអោយគាត់ជួប យ៉ុងរ៉ាន់ រឺជំនួយការគាត់ពេលគាត់នៅក្នុងមន្ទីរព្យាបាល រឺទំនាក់ទំនង
ទៅកាន់លេខទូរស័ព្ទ ទាំងពេលថ្ងៃ និងរសៀល ។ សូមបញ្ជូនពិត័មានទៅកាន់:

យ៉ុង រ៉ាន់ យ៉ាំង លេខ 097-812 - 3529

youngran@uw.edu

សូមចង់ចាំថាយើងមិនអាចធានាបានគ្រប់ជ្រុងជ្រោយរាល់ពិត័មានណាដែលបានផ្ញើតាមអេឡិចត្រូនិចទេ ។

APPENDIX B: Initial Contact Script and Screening Questions

(For the case of refer by an intermediary)

Participant Number_____

- "Hello. My name is Young Ran Yang and I am from the University of Washington School of Nursing, USA. I came to Cambodia to meet women in the country for my doctoral dissertation"

- "As you heard from your doctor (or nurse, counselor..), the study is about women's experiences and beliefs about being a good wife to their husbands, their sexual relationship with their husbands and challenges that they face while living with HIV/AIDS.

- "Are you interested in hearing more?"

- **If no**, tell her that "Thank you for your interest. It was good to talk with you"

- **If yes,** I will continue to say that "I would like to ask you a few questions to see if the study is right for you. You are free not to answer any questions you do not wish to answer. If you choose not to participate or decide the study is not right for you, any information you have provided will be destroyed. May I proceed with the questions?"

- **If yes**, "This study is for women who are married, 18 years of age or older, completed Grade 12 (high school) or less, were HIV infected from their husband, have been sexually active with their husband and are not separated or widowed for more than one year. Do all of these apply to you?

- IF subjects are screened out: "Thank you for talking with me. It sounds like my study is not a fit for you. Although we cannot include you in the study, it was good to talk with you."

- IF subjects are screened in: "Your participation in this study would involve answering questions about your health, and talking to me about your experiences and beliefs about being a wife with HIV. We would meet two separate times in a private clinic office within the Sihanouk Hospital CENTER OF HOPE"

- I will continue to say that "Each interview will last approximately 60-90 minutes and it will be carried out with help of a Cambodian female interviewer in a private clinic room or office. The second interview will occur 2 weeks after the first interview. The purpose of the second interview is to clarify points from the first interview and complete all interview questions, if any questions remain. The interviews require that I record the interview so that I do not miss anything you say. I will use a digital voice-recorder. When you complete each appointment, you will immediately receive 20, 000 Riel ($5) for sharing your time and experience.

- I will continue to say that "Your participation is voluntary. If you decide not to participate, it will not affect your medical treatment and your relationship with health care providers in the clinic. If you decide to participate, you have right to withdraw at any point without any penalty."

- Do you have any questions?
  (Answer questions)

- Would you be interested in participating in this study?

  If she is not interested in participating, thank her for her time and wish her a good day.

  If she is willing to participate, read the information sheet for her and answer any questions that she has. When she fully understands the whole procedure and what she will be involved in, ask her informed consent but not with her signature. And continued to ask,

- When do you want to have the first meeting?

  Set up date, time, and place.

- Thank you very much. If you have any further questions, please don't hesitate to contact me at XXX-XXX-XXX. Again, my name is Young Ran Yang and my assistant's name is XXX.

- Thank you very much for your time. I am looking forward to meeting you in the clinic office in the Sihanouk Hospital CENTER OF HOPE on XX (date) at XX (time).

APPENDIX C: Initial Contact Script and Screening Questions in Khmer

សេចក្តីបន្លែម ញ : អត្តបទទាក់ទងដំបូង និង កំរងសំនួរបច្ចាញ្ញ

(ក្នុងករណីដែលត្រូវបញ្ជូនដោយអ្នកកណ្តាល)

លេខរៀងអ្នកចូលរួម: _____

- "សួស្តី ខ្ញុំឈ្មោះ យ៉ាង យ៉ុងរ៉ាន់ មកពីសាកលវិទ្យាល័យ វ៉ាស៊ីនតោន សាលាផ្នែកគិលានុបដ្ឋាក សហរដ្ឋអាមេរិច។ ខ្ញុំបានមកស្រុកខ្មែរដើម្បីជួបនិងបងប្អូនស្ត្រីនៅក្នុងប្រទេសនេះសំរាប់ការធ្វើបទបង្ហាញថ្នាក់បណ្ឌិតរបស់ខ្ញុំ ទៅលើការចម្លងមេរោគអេដស៍ពីស្វាមីទៅភរិយា។"
- "ដូចអ្នកបានដឹងពីវេជ្ជបណ្ឌិតរបស់អ្នក(រឺ គិលានុបដ្ឋាក អ្នកប្រឹក្សា,,,) ការសិក្សាគឺអំពីបទពិសោធនឹងជឿជាក់ធ្វើជាភរិយាល្អចំពោះស្វាមី ទំនាក់ទំនងផ្លូវភេទជាមួយស្វាមីរបស់ពួកគាត់ ហើយជំនះឧបសគ្គ ខណៈដែលរស់នៅ ជាមួយមេរោគអេដស៍។
- "តើអ្នកចាប់អារម្មណ៍ក្នុងការស្តាប់ជាបន្តទៀតទេ?"
- បើទេ, ប្រាប់គាត់ថា" សូមអរគុណសំរាប់ការចាប់អារម្មណ៍។ ខ្ញុំរីករាយណាស់ដែលបាននិយាយជាមួយអ្នក។"
- បើចាស៎, ខ្ញុំនឹងបន្តការនិយាយ" ខ្ញុំចង់សួរអ្នកប្រហែលពីរ ឬបីសំនួរ ថាតើការសិក្សានេះគឺវាសាកសមជាមួយអ្នករឺអត់។ អ្នកមានសិទ្ធិមិនឆ្លើយ នូវសំនួរទាំងឡាយណាដែលអ្នកមិនចង់ឆ្លើយ។ ហើយបើសិនជាអ្នកជ្រើសរើស រឺសំរេចចិត្តថាការសិក្សាមិនសមស្របចំពោះអ្នក ពតិម៉ាន និងចម្លើយទាំងប៉ុន្មានដែលអ្នកបានឆ្លើយនិងត្រូវទុកជាមោឃៈ។តើខ្ញុំអាចបន្តសំនួរបានទេ?"
- បើ យល់ព្រម, ការសិក្សានេះគឺសំរាប់អ្នកដែលបានរៀបការហើយ អាយុចាប់ពី១៨ ឡើងទៅបញ្ចប់ថ្នាក់ទី១២ (វិទ្យាល័យ) រឺទាបជាងហ្នឹង បានឆ្លងមេរោគអេដស៍ពីស្វាមីរបស់ពួកគាត់ នៅរួមភេទជាប្រចាំជាមួយស្វាមី ពួកគាត់និងព្រមទាំងមិនរស់នៅបែកគ្នា មេម៉ាយច្រើនជាងមួយឆ្នាំ។តើចំនុចទាំងអស់នេះត្រូវនឹងអ្នកទេ?"
- បើប្រធានបទត្រូវបានបង្ហាញថាក្រៅ:" អរគុណសំរាប់ការនិយាយជាមួយខ្ញុំ។មើលទៅការសិក្សារបស់ខ្ញុំហាក់ដូចជាមិនសាកសមនឹងអ្នក។ រីករាយណាស់ដែលបាននិយាយជាមួយអ្នក ទោះជាយើងមិនអាចបញ្ចូលអ្នកក្នុងការសិក្សាក៏ដោយ។"

- បើប្រធានបទត្រូវបានបង្ហាញថាចូល៖" ការចូលរួមរបស់អ្នកក្នុងការសិក្សានេះ និងត្រូវឆ្លើយសំនួរមួយចំនួនដែលទាក់ទងនឹងសុខភាពរបស់អ្នកហើយពិភាក្សាជាមួយខ្ញុំអំពីបទពិសោធន៍ និងជំនឿចិត្តអំពីការធ្វើជាភរិយាមានផ្ទុកមេរោគអេដស៍ ។ យើងនឹងត្រូវជួបគ្នាពីរដង នៅការិយាល័យមន្ទីរព្យាបាលឯកជន ខាងក្នុងមន្ទីរពេទ្យសីហនុ មណ្ឌលនៃក្តីសង្ឃឹម ។"
- ខ្ញុំនិងបន្តការនិយាយ ថា" ការសំភាសន៍និមួយៗនឹងចំណាយពេលប្រហែល ៦០-៩០នាទី ហើយវានឹងធ្វើឡើងដោយការជួយពីអ្នកសំភាសន៍ជាស្ត្រីកម្ពុជាម្នាក់នៅតាមបន្ទប់ព្យាបាលឯកជនរឺ ការិយាល័យ ។ ការសម្ភាសន៍លើកទី២ និងធ្វើឡើងនៅ ២សប្តាហ៍បន្ទាប់ពីសម្ភាសន៍លើកទី១ ។ គោលបំណងនៃការសម្ភាសន៍លើកទី២ គឺដើម្បីបញ្ជាក់បង្ហាញនូវចំនុចមួយចំនួនក្នុងកិច្ចសម្ភាសលើកទី១ ហើយបញ្ចប់ទាំងស្រុងនៃការសម្ភាសបើសិនជាមានសំនួរនៅសេសសល់ ។តំរូវការនៃការសម្ភាសន៍គឺ ខ្ញុំធ្វើការថតសំលេងក្នុងពេលសម្ភាស ដូចនេះគាត់នឹងមិនបាត់បង់នូវអ្វីដែលអ្នកបាននិយាយ ។ គាត់នឹងប្រើឧបករណ៍ថតសម្លេងដោយម្រាមដៃ ។ពេលដែលអ្នកបញ្ចប់នូវការណាត់ជួបនិមួយៗ អ្នកនឹងទទួលបានភ្លាមៗនូវទឹកប្រាក់ ២0000រៀល(៥$)សម្រាប់ការចំនាយពេលវេលា និង បទពិសោធរបស់អ្នក ។"
- ខ្ញុំនិងបន្តនិយាយថា" ការចូលរួមរបស់អ្នកគឺជាការស្ម័គ្រចិត្ត ។ បើអ្នកសំរេចចិត្តមិនចូលរួម វានឹងមិនមានឥទ្ធិពលអ្វី ទៅលើការព្យាបាល និងទំនាក់ទំនងជាមួយអ្នកផ្តល់សេវាថែទាំសុខភាពផ្សេងៗឡើយ ។ បន្ទាប់ពីការសំរេចចិត្តថាចូលរួមហើយអ្នកមានសិទ្ធិបញ្ឈប់នៅគ្រប់ពេលដោយមិនមានការពិន័យអ្វីទាំងអស់ ។
- តើអ្នកមានចម្ងល់អ្វីទៀតទេ?(ឆ្លើយសំនួរ)
- តើអ្នកចាប់អារម្មណ៍ លើការចូលរួមក្នុងការសិក្សានេះដែរឬទេ?

បើគាត់មិនចាប់អារម្មណ៍ក្នុងការចូលរួម សូមនិយាយអរគុណទៅគាត់ ហើយជូនពរគាត់សុខសប្បាយ ។

បើគាត់មានចំណាប់អារម្មណ៍ចង់ចូលរួម សូមអានសន្លឹកពិត័មានជូនគាត់ និងឆ្លើយសំនួរខ្លះៗរបស់គាត់ ។ ពេលគាត់យល់ច្បាស់អំពីលក្ខខណ្ឌទាំងមូល និងអ្វីដែលនឹងទាក់ទងជាមួយគាត់ សូមធ្វើការបញ្ជាក់យល់ព្រមពីគាត់ ប៉ុន្តែមិនមែនជាមួយការចុះហត្ថលេខារបស់គាត់ទេ ។ រួចហើយបន្តសំនួរទៅទៀត...

- តើពេលណា ហើយកន្លែងណាដែលអ្នកចង់ធ្វើការណាត់ជួបរបស់យើងលើកទីមួយ?

កត់ត្រាថ្ងៃខែ ម៉ោង និង កន្លែង

- អរគុណច្រើន ប្រសិនបើអ្នកមានសំនួរពេលក្រោយទៀត សូមកុំស្ទាក់ស្ទើរនឹងទាក់ទងមកខ្ញុំតាមលេខទូរស័ព្ទ : **097-812 - 3529** ។ ជាថ្មីម្តងទៀត ខ្ញុំឈ្មោះ យ៉ាង យ៉ុងវ៉ាន់ ហើយជំនួយការរបស់ខ្ញុំឈ្មោះ XXX ។
- សូមថ្លែងអំណរគុណយ៉ាងជ្រាលជ្រៅចំពោះការចំណាយពេលវេលារបស់អ្នក ។ខ្ញុំនឹងរង់ចាំការណាត់ជួបអ្នកនៅការិយាល័យមន្ទីរពេទ្យបាល មន្ទីរពេទ្យសីហនុ មណ្ឌលនៃក្តីសង្ឃឹម នៅថ្ងៃទី ...ម៉ោង XX ។

APPENDIX D: Information Sheet

University of Washington

Cambodian Women's Experience of HIV Contraction from their Husbands

Investigator: Young Ran Yang, RN, MPH, doctoral student, University of Washington School of Nursing, (206) 617-4421 (email:youngran@uw.edu); Frances, M. Lewis, PhD, Professor, RN, University of Washington School of Nursing, Family and Child Nursing, (206) 321-4479 (email:fmlewis@uw.edu)

Investigator's Statement

Researcher's statement

We are asking you to be in a research study. The purpose of this information sheet is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully and listen to as we read this for you. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. Whether or not you are in the study will not affect the usual care to which you are entitled at the clinic.

PURPOSE OF THE STUDY

I am a nurse interested in learning what your experience is like as a Cambodian woman who contracted HIV from your husband. I believe that your participation in this study can help health care providers and other people to know the needs, concerns, and feelings of women who are living with HIV/AIDS.

STUDY PROCEDURES

In addition to filling out a short survey, participation involves 2 separate interviews. Each interview will last approximately 60-90 minutes and it will be carried out with help of a Cambodian female interviewer in a private clinic office within the Sihanouk Hospital CENTER OF HOPE. The second interview will occur 2 weeks after the first interview. The purpose of the second interview is to clarify points from the first interview and complete all interview questions, if any questions remain. Examples of most sensitive questions include: (1) what are your husband's general expectations of you as his wife in terms of a sexual relationship? (2) What is your husband allowed to do sexually with other women during times of the month when you and he cannot have sex? (3) Once you knew your husband's HIV status, what things, if any, did you do to reduce the risk of infection transmission from your husband

to you? (4) Tell me about your experience living with your and your husband's HIV+ status. (5) What was it like for you to learn about your HIV+?

I would like to audio-record your interviews so that I can have an accurate record of what you told me and do not miss anything you say. You may request that turn off the recorder at any time and I will do that or terminate the interview if you don't wish to continue.

The information I learn from this study will be a part of written reports in the future. However, I will not disclose your identity in any reports resulting from this study.

RISKS, STRESS, AND DISCOMFORT

You may experience a certain amount of temporary sadness or distress as you discuss your HIV status, HIV-related concerns, and your relationship with your husband. If you become emotionally distressed during the interview, the interview will be stopped for a while. You can decide whether you want to continue or stop entirely.

Your participation in the study also may contribute to distress in the relationship including spouse's negative reactions if your participation becomes known to him. I will keep your information confidential; however, it is possible that in the course of you telling me your experience, you may have sad feelings, thoughts or memories. These thoughts and feelings may be short-lived. Your participation in the study also may result in an unknown condition or intimate partner violence. If, however, you would like further assistance in dealing with these feelings or thoughts, I will refer you to the Cambodian Community of Women living with HIV (CCW) at 012.683.947, where you can find counseling service and clinical treatment"

The audio-recordings generated during interviews will be available only to myself (Principal Investigator) and a transcriptionist. All assistants including the interpreter and translator formally agreed to never discuss or disclose or share anything about your information. Direct subject identifiers will be destroyed as soon as the interview is completed and also names and any other identifiers will be deleted from the transcriptions. A hard copy of the transcription will be kept in a locked file cabinet for a period of three years, to allow me to complete data analysis, and then will get destroyed on December 31, 2014. The audio-recorded files and the transcriptions will have corresponding code numbers assigned to them and only transcriptions with no information that can identify you will be used for data analysis and in any subsequent presentations or publications.

BENEFITS OF THE STUDY

Although there is no direct benefit to you from participation, the ultimate goal of the study is to contribute to the development of a husband-wife HIV education and prevention program that is culturally acceptable by Cambodian men and women.

OTHER INFORMATION

Your participation in the study is voluntary, and you may refuse to participate or discontinue participation whenever you choose without any specific reasons. While in the study, if you desire to seek counseling or provider services, and need help with finding a counselor or provider, I am glad to share some names with you or help you figure out how to get such care. Below is a list of resources that you may use for further help. All services at these agencies are accessible and free of charge to you.

- Sihanouk Hospital CENTER OF HOPE (SHCH):023.882.484 (Medical treatment)
- Cambodian Community of Women living with HIV(CCW): 012.683.947 (Counseling)
- Cambodian Alliance for Combating HIV/AIDS (CACHA): 023.692.593 (Advocate)
- Positive Women of HOPE Organization (PWHO): 012. 852.942 (Counseling)

Signature of investigator | Date

Subject's Statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later on about the research I can ask the investigator. If I have question about my rights as a research subject, I can call National Ethics Committee for Health Research, Ministry of Health at (023) 722-873. I will receive a copy of this form. I can also contact the University of Washington Human Subjects Division in the United States at 1-206-543-0098 or hsdinfor@uw.edu.

Date

APPENDIX D: Information Sheet in Khmer

សេចក្តីបន្ថែម គ : សន្លឹកព័ត៌មាន

សកលវិទ្យាល័យ វ៉ាស៊ីនតោន

បទពិសោធរបស់ស្ត្រីកម្ពុជានៃការឆ្លងមេរោគអេដស៍ពីស្វាមីរបស់ពួកគាត់

អ្នកត្រួតពិនិត្យ: យ៉ាង យ៉ុងរ៉ាន់ RN, MPH, និស្សិតថ្នាក់បណ្ឌិត នៃសាកលវិទ្យាល័យ វ៉ាស៊ីនតោន

ផ្ទៃកគិលានុបដ្ឋាក (206)617 - 4421 (email: youngran@uw.edu);Frances,M.Lewis,PhD, Professor,RN, University of Washington School of Nursing, Family and Child Nursing,(206)321-4479(email:fmlewis@uw.edu)

អារម្ភកថា អ្នកត្រួតពិនិត្យ

អារម្ភកថា អ្នកស្រាវជ្រាវ

យើងស្នើសុំអោយអ្នកចូលរួមក្នុងការសិក្សាស្រាវជ្រាវមួយ ។ គោលបំណងនៃសន្លឹកពិត័មាននេះ នឹងផ្តល់អោយអ្នកនូវពិត័មានដែលជាជំនួយដល់ការសំរេចចិត្តថាតើអាចចូលរួម ក្នុងការសិក្សានេះរឺ អត់ ។សូមអាន និង ស្តាប់នូវអ្វីដែលយើងបាន អានមកដោយយកចិត្តទុកដាក់ ។អ្នកអាចសួរសំនួរអំពីគោលបំណងនៃការស្រាវជ្រាវ អ្វីដែលយើងនិងសុំអោយអ្នកធ្វើអាចជាការប្រថុយប្រថាន និង ចំណេញ សិទ្ធិរបស់អ្នកជាអ្នកស្ម័គ្រចិត្ត និងអ្វីផ្សេងៗ ទៀត ទាក់ទង នឹងការស្រាវជ្រាវ រឺ ចំនុចណាមិនច្បាស់លាស់ក្នុងអត្ថបទនេះ ។
នៅពេលយើងឆ្លើយតបនូវសំនួររបស់អ្នក ហើយនោះអ្នកអាចសំរេចចិត្តថា ចូលរួមក្នុងសកម្មភាពនេះរឺ មិនចូលរួម ។ទោះជាអ្នកចូលរួម រឺមិនចូលរួមក្នុង ការសិក្សានេះ វានឹងមិនមានការប៉ះពាល់ និងការថែទាំ ដែលអ្នកបានទទួលពីគ្លីនិចឡើយ ។

គោលបំណង នៃការសិក្សា

នាងខ្ញុំជាគិលានុប្បដ្ឋាកដែលចាប់អារម្មណ៍លើការសិក្សានូវអ្វីដែលអ្នកបានឆ្លងកាត់ ក្នុងនាមជាស្ត្រីខ្មែរ ម្នាក់ហើយបានឆ្លងមេរោគអេដស៍ ពីស្វាមីរបស់អ្នក ។ខ្ញុំជឿជាក់ថាការចូលរួមរបស់អ្នកក្នុង ការសិក្សានេះ អាចជួយអោយអ្នកផ្តល់ការថែទាំសុខភាព និង អោយអ្នកដទៃបានដឹងនូវតំរូវការ ការព្រួយបារម្ភ និង អារម្មណ៍ នៃស្ត្រីដែលរស់នៅជាមួយមេរោគអេដស៍ ។

ទម្រង់នៃការសិក្សា

សេចក្តីបន្ថែមដើម្បីបំពេញកំរងសំនួរស្ទាបស្ទង់ខ្លីមួយដោយការចូលរួមត្រូវបានធ្វើការសំភាសន៍ជា២ផ្សេងគ្នា ។ ការសំភាសន៍និមួយៗប្រហែលជាចំណាយពេលប្រហែល៦០-៩០នាទី ហើយវានឹងធ្វើឡើងដោយ អ្នកសម្ភាស ជនជាតិខ្មែរម្នាក់ នៅក្នុងការិយាល័យមន្ទីរព្យាបាលឯកជនក្នុងបរិវេណមន្ទីរពេទ្យសីហនុ មជ្ឈមណ្ឌលនៃក្តីសង្ឃឹម ។ សំភាសន៍លើកទីពីរនឹងធ្វើឡើយ ពីរសប្តាហ៍បន្ទាប់ ពីសំភាសន៍លើកទីមួយ ។គោលបំណង នៃការសំភាសន៍ លើកទីពីរ គឺដើម្បីធ្វើការបញ្ជាក់ចំនុចខ្លះៗ ពីសំភាសន៍លើកទីមួយ និងបំពេញនូវចន្លោះខ្វះខាត លើសំនួរបើសិនជា មាន ។ ការលើកឧទាហរណ៍ នៃសំនួរចំណេះដឹងនិមួយៗរួមមាន:(១)តើការរំពឹងទុកជាទូទៅ របស់ស្វាមីរបស់អ្នក មកលើអ្នកដែលជាដៃគូរួមភេទមានអ្វីខ្លះ ?(២)តើអ្វីដែលស្វាមីអ្នកត្រូវបានអនុញ្ញាតអោយរួមភេទ ជាមួយស្ត្រី ដទៃក្នុងកំឡុងពេលអ្នកមកខែ ដែលអ្នកនិងគាត់មិនអាចរួមភេទបាន?(៣)ពេលដែលអ្នកដឹង ថាស្វាមីអ្នកមាន មេរោគអេដស៍ តើមានអ្វីខ្លះ?បើមាន អ្នកបានព្យាយាមការពារមិនអោយឆ្លងមេរោគអេដស៍ ពីស្វាមី?(៤) សូមប្រាប់ខ្ញុំអំពីបទពិសោធន៍ដែលអ្នកបានរស់នៅក្នុងជីវភាពអ្នកនឹងស្វាមីអ្នកផ្ទុកមេរោគអេដស៍ ?(៥)តើអ្នកបានរៀន អ្វីខ្លះអំពីមេរោគអេដស៍យ៉ាងដូចម្តេច ?

ខ្ញុំសូមធ្វើការថតសំឡេងនូវការសំភាសន៍នេះ ហើយខ្ញុំអាចមាននូវសំលេងច្បាស់លាស់អ្វីដែលអ្នក បានប្រាប់ខ្ញុំ និងមិនបាត់នូវអ្វីដែលអ្នកបាននិយាយ ។ អ្នកអាចសុំបញ្ឈប់ការថតសំលេងគ្រប់ពេល ហើយខ្ញុំអាចធ្វើ វាបានរហូតដល់ចប់បើសិនអ្នកមិនចង់បន្ត ។

កំរងពិត័មានដែលខ្ញុំបានពីការសិក្សានេះនិងក្លាយជាផ្នែកមួយក្នុងការសរសេររបាយការណ៍នៅថ្ងៃក្រោយ ។ទោះជាយ៉ាង ណាខ្ញុំនឹងមិនបង្ហើបអំពីអត្តសញ្ញាណនៅលើរបាយការណ៍ណាមួយឡើយចេញពីការសិក្សានេះ ។

ការប្រថុយប្រថាន ភាពស្មុគស្មាញ និង ភាពមិនស្រួលចិត្ត

អ្នកប្រហែលជាមានអារម្មណ៍សោកសង្វេគក្នុងរយៈពេលខ្លី រឺការស្មុគស្មាញ ក្នុងពេលដែលអ្នកពិភាក្សាអំពីស្ថានភាពមេរោគអេដស៍របស់អ្នក ការព្រួយបារម្ភទាក់ទងនឹងមេរោគអេដស៍ និងទំនាក់ទំនងរបស់អ្នក និងស្វាមីរបស់អ្នក ។បើអ្នកមានអារម្មណ៍ពិបាកក្នុងពេល សំភាសន៍ យើងអាចបញ្ឈប់មួយស្របក់ ។ អ្នកអាចសំរេចចិត្តថាតើចង់បន្ត រឺបញ្ឈប់តែម្តង ។

ការចូលរួមរបស់អ្នកក្នុងការសិក្សានេះ និងអាចចូលរួមជួយដោះស្រាយដល់ការស្មុគស្មាញក្នុងចំណងស្នេហា និងរួមបញ្ចូលនូវការប្រតិកម្មជាអវិជ្ជមានរបស់ប្តីប្រពន្ធ ក្នុងខណៈដែលការចូលរួមរបស់អ្នកត្រូវបានលឺដល់គាត់ ។ ខ្ញុំនឹងរក្សាទុកនូវពិត័មានរបស់អ្នកដោយការយកចិត្តទុកដាក់ ទោះជាយ៉ាងណា វាអាចទៅរួចក្នុងពេលដែលអ្នកកំពុងប្រាប់ខ្ញុំអំពី បទពិសោធ, អ្នកអាចនឹងមានអារម្មណ៍,ចិត្តគំនិត និងការចងចាំ ដោយក្រៀមក្រំ ។ ការគិត និងអារម្មណ៍ទាំងនេះនឹងមានឡើងក្នុងរយៈពេលខ្លី ។ ការចូលរួមរបស់អ្នកក្នុងការសិក្សានេះនឹងផ្តល់នូវលទ្ធផលក្នុងលក្ខខណ្ឌមួយដោយស្មានមិនដល់ រឺ អំពើហឹង្សាក្នុងរង្វង់គ្រួសាររវាងស្វាមីនិងភរិយា ។ បើទោះជាអ្នកចង់បាននូវការជួយនៅថ្ងៃក្រោយក្នុងការដោះស្រាយជាមួយការគិត និងអារម្មណ៍ទាំងនេះ ខ្ញុំនិងណែនាំអ្នកទៅកាន់អង្គការ Cambodia Community of Women living with HIV (CCW) តាមរយៈទូរស័ព្ទ ០១២ ៦៨៣ ៥៤៧ ដែលជាកន្លែងដែលអ្នកអាច ទទួលនូវសេវាប្រឹក្សា នឹងកន្លែងព្យាបាល ។

ការស្តាប់សម្លេងដែលបានធ្វើឡើងក្នុងកិច្ចសម្ភាសនឹងអាចអនុញ្ញាតសម្រាប់តែខ្លួនខ្ញុំ(នាយកត្រួតពិនិត្យ) និងអ្នកស្រង់ទិន្ន័យម្នាក់ ។ អ្នកជំនួយការទាំងអស់ រួមបញ្ចូលទាំងអ្នកបកប្រែផ្ទាល់មាត់ និង មិនផ្ទាល់មាត់ ជាផ្លូវការត្រូវបានយល់ព្រម និងមិនពិភាក្សា រឺបើកចំហរ រឺ ចែករំលែកអ្វីៗអំពីពិត័មានរបស់អ្នកឡើយ ។ រាល់ប្រធានបទសម្គាល់ដោយផ្ទាល់ នឹងត្រូវបានបំផ្លាញភ្លាមៗពេលដែលការសម្ភាសន៍ត្រូវបានបញ្ចប់ ព្រមទាំងឈ្មោះ និងអត្តសញ្ញាណផ្សេងៗទៀតនឹងត្រូវលុបចេញពីការថតសម្លេង ។ឯកសារវីងនៃការថតសម្លេង នឹងត្រូវបានរក្សាទុកក្នុងទូរឯកសារចាក់សោរសម្រាប់រយៈពេល ៣ឆ្នាំ សម្រាប់អនុញ្ញាតអោយខ្ញុំបំពេញការវិភាគទិន្នន័យ ហើយនឹងត្រូវបំផ្លាញចោលនៅថ្ងៃទី ៣១ ខែធ្នូ ឆ្នាំ ២០១៤ ។ សំណុំខ្សែអាត់ និងឯកសារចម្លងសម្លេងនឹងមានចំនុចទាក់ទងគ្នាដោយការចុះលេខកូដ ហើយមានតែឯកសារចម្លងមួយគត់ ដោយគ្មាននូវពិត័មានណា

ដែលអាចសំគាល់នូវអត្តសញ្ញាណអ្នកដែលនឹងប្រើសម្រាប់ការវិភាគទិន្នន័យ និងការបង្ហាញ។ ការបោះពុម្ពណា មួយដែលកើតឡើងនៅឯពេលក្រោយឡើយ ។

អត្ថប្រយោជន៍នៃការសិក្សា

ទោះបីជាអ្នកមិនបានទទួលនូវអត្ថប្រយោជន៍ដោយផ្ទាល់អំពីការសិក្សានេះ ការកំណត់គោលដៅ ខ្ពស់បំផុតនៃការ សិក្សានេះគឺ ជួយចូលរួមចំណែកដល់ការអភិវឌ្ឍន៍ នៃការអប់រំ និងកម្មវិធីការពារ ប្តីប្រពន្ធដែលមានផ្ទុកមេរោគ អេដស៍ដែលជា វប្បធម៌អាចទទួលយកបានដោយ ស្ត្រី និងបុរសកម្ពុជា។

ពិត៌មានផ្សេង

ការចូលរួមរបស់អ្នកគឺជាការស្ម័គ្រចិត្ត ហើយអ្នកអាចបដិសេធ មិនចូលរួម។ មិនបន្តការចូលរួមគ្រប់ពេល ដែលអ្នកជ្រើសរើស ដោយគ្មានលក្ខខណ្ឌ។ ក្នុងកំឡុងពេលការសិក្សានេះ បើអ្នកចង់ស្វែងរកអ្នកប្រឹក្សាម្នាក់។ អ្នកផ្តល់សេវាម្នាក់ ខ្ទឹរីករាយនិងចែករំលែក នូវឈ្មោះមួយចំនួន។ អាចជួយដោះស្រាយយ៉ាងម៉េចដើម្បីទទួល នូវការថែទាំ។ ខាងក្រោមនេះគឺជាប្រភពទីកន្លែងមួយចំនួនដែលអាចជួយអ្នកនៅថ្ងៃក្រោយ :

១,Sihanouk Hospital CENTER OF HOPE (SHCH) ：023 882 484（ព្យាបាល）

២,Cambodia Community of Women living with HIV (CCW)：012 683 947（ផ្តល់ប្រឹក្សា）

៣,Cambodian Alliance for Combating HIV/AIDS (CACHA) : 023 692 593 (អ្នកឧបត្ថម្ភ)

៤.Positive Women of HOPE Organization (PWHO) : 012 852 942 (ផ្តល់ប្រឹក្សា)

ហត្ថលេខា អ្នកត្រួតពិនិត្យ	កាលបរិច្ឆេទ

ពាក្យពោលនៃប្រធានបទ

ការសិក្សានេះបានពន្យល់យ៉ាងច្បាស់លាស់មកខ្ញុំ ។ខ្ញុំស្ម័គ្រចិត្តចូលរួមនៅក្នុងការស្រាវជ្រាវនេះ ។ខ្ញុំមានឱកាសបានសាកសួរសំនួរ ។បើខ្ញុំមានចំងល់ទាក់ទងនិងការស្រាវជ្រាវនេះខ្ញុំអាចសួរទៅអ្នកត្រួតពិនិត្យ ។ ហើយបើខ្ញុំមាន ចម្ងល់អំពីសិទ្ធិរបស់ខ្ញុំ ខ្ញុំអាចទូរសព្ទ័ National Ethics Committee for Health Research, Ministry of Health តាមទូរស័ព្ទលេខ 023-722-873 ។ ខ្ញុំនិងទទួលទំរង់កំរងសំនួរមួយច្បាប់ ។ ខ្ញុំអាចទាក់ទងផងដែរទៅកាន់ផ្នែកវិភាគមនុស្សសាស្ត្រនៃសាកលវិទ្យាល័យ វ៉ាស៊ីតោន នៅសហរដ្ឋអាមេរិច តាមរយៈលេខទូរស័ព្ទ 1-206-543-0098 រឺ hsdinfor@uw.edu ។

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កាលបរិច្ឆេទ

APPENDIX E: Interview Protocol

(This is a guide. The researcher will probe deeper)

These questions will help me better know your thoughts and experiences living with HIV. There is no right or wrong answers to these questions. What matters to me is to learn what your experience has been. You are free to not answer any of the questions; it is up to you. All information you tell me is confidential. Although I will report results from the study, the results will not be linked with you in any way. When you don't want to continue, please let me know that.

1. What qualities are particularly important to be a good wife to your husband?
2. Tell me a recent example when you have made your husband particularly happy or satisfied with you, as his wife.
3. Tell me a recent example when you have made your husband particularly upset or unsatisfied with you, as his wife.
4. Tell me about a recent situation or example in which your husband or family members living with you listened to your ideas or followed your decisions or recommendations?
5. What are examples of situations in which he or they do not listen to you?
6. How do you and your husband make decisions about having a baby?
7. What are your husband's general expectations of you as his wife in terms of a sexual relationship? How does he usually behave when he wants sex?
8. What has made your husband most happy and satisfied in your sexual relationship with him?
9. What has made your husband upset or unsatisfied in your sexual relationship?
10. What are your beliefs about the use of male condoms by a married couple?
11. What are your husband's beliefs about the use of male condoms by a married couple?
12. Tell me about your experience of condom use with your husband. Can you share an example when your husband honored your wish to use a condom (ask if applicable)?
13. Can you share an example when your husband forced you to have sex against your wish? What did you fear most when it happened? How did it make you feel?
14. I understand that it is common in Cambodia for a man to have sex with another woman when he cannot have sex with his wife. For example, this might happen when he is traveling, far away from home for a job, or at times when his wife cannot have sex. What do you know about this? Is this true for you and your husband?
15. How do you feel about your husband having sex with other women when he cannot have sex with you? (ask if applicable) How often does it happen in your marriage? (ask if applicable)

16. What are things you learned about HIV or AIDS from people, TV, radio, or other information sources?
17. What are some things, if any, have you previously tried to prevent yourself from getting the HIV infection from any sources?
18. Once you knew your husband's HIV status, what things, if any, did you do to reduce the risk of HIV infection transmission from your husband to you (ask if applicable)?
19. What are some things that you currently do to prevent other sexually transmitted infections or re-infection of HIV by your husband?
20. In what ways, if any, has your attitude toward your husband changed since you were diagnosed with HIV?
21. In what ways, if any, has your communication changed with your husband since you were diagnosed with HIV?
22. What would you advise women do who are living with HIV-positive husbands but have not been HIV-transmitted yet?
23. How did you get to know about your husband's being HIV+?
24. What was your feeling when you learnt your husband's being HIV+?
25. Tell me about your experience living with your husband's HIV status.
26. How did you get to know about your being HIV+?
27. What was your feeling when you learnt your being HIV+?
28. How has your life changed since the diagnosis, if at all?
29. Is there anything else you would like to add or talk about to help better understand with the spouse-wife transmission?

Questions for the 2nd Interview

1. Please tell me the story about how you met your husband and got married to him.
2. What have you learned from your mother and grandmother about premarital sex and marriage being a wife?
3. What are things that you expected from marriage and husband when you just got married?
4. What were your living conditions (e.g., house, room) after you got married?
5. What conversations have you had with your husband about sex before and during your marriage?
6. Could you tell me what's the meaning of sex for you?
7. Sometimes, even though a wife is not in the period or fresh after delivery, she refuses sex when a husband asks her to have sex because she doesn't want or is not interested in sex. What would

you say about this situation?

8. What are your beliefs about using different sexual techniques used by a husband and wife to increase the happiness and satisfaction from sex?
9. A wife asks husband to use condom to prevent STD or HIV (not for the purpose of preventing pregnancy). What are your thoughts about this situation?
10. What do you know about female condom? Please tell me your experience of using the female condom, if any?

APPENDIX E: Interview Protocol in Khmer

សេចក្តីបន្ថែម ឧ :ពិធីការសំភាសន៍

(នេះជាមគ្គុទ្ទេសក៍ ដែលនាំអ្នកស្រាវជ្រាវស៊ីជំរៅ)

កាលបរិច្ឆេទ:

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លេខអ្នកចូលរួម:

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សំនួរទាំងនេះនិងជួយខ្ញុំអោយយល់នូវផ្នែត់គំនិត និងបទពិសោធនៃការរស់នៅជាមួយមេរោគអេដស៍ កាន់តែប្រសើរឡើង។ វាមិនមានចំលើយត្រូវ ឬ ខុសចំពោះសំនួរទាំងនេះទេ។ អ្វីដែលសំខាន់ចំពោះខ្ញុំគឺយល់អំពីអ្វីដែលអ្នកបានឆ្លងកាត់កន្លងមក ។អ្នកមានសិទ្ធិ មិនឆ្លើយសំនួរណាមួយ តាមចិត្តរបស់អ្នក ហើយរាល់ចំលើយរបស់អ្នកគឺជាការសម្ងាត់ ។ ទោះបីជាខ្ញុំធ្វើរបាយការណ៍ ពីការសិក្សានេះ វានិងមិនមានបញ្ហាពាក់ព័ន្ធនិងអ្នកឡើយ ។ពេលអ្នកមិនចង់បន្ត សូមប្រាប់ខ្ញុំ។

១,តើកត្តាគុណភាពដែលចាំបាច់ដើម្បីធ្វើជាប្រពន្ធល្អរបស់ប្តីអ្នក ?

២,សូមប្រាប់ខ្ញុំអំពីឧទាហរណ៍បច្ចុប្បន្នពេលដែលអ្នកបានធ្វើអោយប្តីរបស់អ្នកវីកវាយ ឬស្តប់ស្តល់ជាមួយអ្នកដែលជាប្រពន្ធ?

៣,សូមប្រាប់ខ្ញុំ ឧទាហរណ៍បច្ចុប្បន្នពេលដែលអ្នកបានធ្វើអោយប្តីរបស់អ្នកមិនវីកវាយ ឬមិនស្តប់ស្តល់ជាមួយអ្នកជាប្រពន្ធ?

៤,សូមប្រាប់ខ្ញុំនូវស្ថានភាពបច្ចុប្បន ឬ ការឧទាហរណ៍ ត្រង់ណាដែលស្វាមីអ្នក ឬសមាជិកគ្រួសាររស់នៅជាមួយអ្នក ស្តាប់គំនិត ឬធ្វើតាមការសំរេចចិត្ត ឬការណែនាំ របស់អ្នក ?

៥,តើមានឧទាហរណ៍ពីស្ថានភាពអ្វីខ្លះដែលគាត់មិនស្តាប់អ្នក?

៦,តើអ្នកនិងស្វាមីអ្នកធ្វើការសំរេចចិត្តយ៉ាងម៉េចអំពីការចង់មានកូន?

៧,តើអ្វីខ្លះទៅដែលស្វាមីរបស់រំពឹងជាទូទៅមកលើអ្នកជាប្រពន្ធ ក្នុងនាមជាដៃគូរួមភេទ?
តើគាត់បញ្ចេញអកប្បកិរិយាយ៉ាងម៉េចពេលគាត់ចង់រួមភេទ?

៨,តើអ្វីដែលធ្វើអោយស្វាមីរបស់អ្នករីករាយបំផុត និងស្កប់ស្កល់ក្នុងការរួមភេទជាមួយអ្នក?

៩, តើអ្វីដែលធ្វើអោយស្វាមីរបស់អ្នកមួម៉ៅ និងមិនពេញចិត្តក្នុងការចំណេងផ្លូវភេទរបស់អ្នក?

១០,តើអ្វីខ្លះដែលជាគំនិតបស់អ្នកក្នុងការប្រើប្រាស់ស្រោមអនាម័យដោយដៃគូរៀបការហើយ?

១១,តើអ្វីខ្លះដែលជាគំនិតរបស់ស្វាមីលើការប្រើប្រាស់ស្រោមអនាម័យដោយដៃគូរៀបការហើយ?

១២,សូមប្រាប់ខ្ញុំអំពីបទពិសោធន៍របស់អ្នកចំពោះការប្រើស្រោមអនាម័យជាមួយស្វាមីរបស់អ្នក ។តើអ្នក
អាចចែករំលែកនូវឧទាហរណ៍ពេលស្វាមីអ្នកបានសុំអ្នកដើម្បីប្រើស្រោមអនាម័យ(សួរបើអាចធ្វើបាន)?

១៣,តើអ្នកអាចចែករំលែកនូវឧទាហរណ៍ដែលស្វាមីអ្នកបង្ខំអ្នកអោយរួមភេទពេលអ្នកមិនចង់?
អ្វីដែលបានធ្វើអោយអ្នកភ័យខ្លាច ពេលវាបានកើតឡើង? តើវាបានធ្វើអោយអ្នកមានអារម្មណ៍យ៉ាងម៉េច?

១៤,ខ្ញុំយល់ថាវាជាការធម្មតាក្នុងប្រទេសកម្ពុជា សំរាប់បុរសទៅរួមភេទជាមួយនារីដទៃ
ពេលដែលគាត់មិនអាចរួមភេទជាមួយភរិយា ។ឧទាហរណ៍ វាអាចកើតឡើងពេលដែលគាត់
ធ្វើដំណើរឆ្ងាយផ្ទះ រីកំឡុងពេលដែលភរិយាគាត់មិនអាចរួមភេទ តើអ្នកយល់យ៉ាងម៉េចអំពីរឿងនេះ?
តើវាជាការពិតទេរវាងអ្នកនិងស្វាមីរបស់អ្នក?

១៥,តើអ្នកមានអារម្មណ៍យ៉ាងម៉េចនៅពេលដែលស្វាមីអ្នករួមភេទជាមួយអ្នកដទៃខណៈដែលអ្នកមិនអាច
រួមភេទបាន?(សួរបើអាចធ្វើបាន)តើវាកើតមានញឹកញាប់ទេក្នុងជីវិតរៀបការរបស់អ្នក?

(សួរបើអាចធ្វើបាន)

១៦,តើអ្វីខ្លះដែលអ្នកបានដឹងអំពី HIV និង AIDS ពីមនុស្សម្នា, ទូរទស្សន៍, វិទ្យុ, ឬប្រភពព័ត៌មានផ្សេងៗ?

១៧,តើអ្វីខ្លះទៅ បើមាន តើអ្នកបានព្យាយាមពីមុនមកទេដើម្បីការពារខ្លួនអ្នក អំពីការឆ្លងមេរោគ អេដស៍ ពីប្រភពផ្សេងៗដែរឬទេ?

១៨, ខណៈដែលអ្នកបានដឹងអំពីប្តីមានមេរោគអេដស៍ តើអ្វីខ្លះ បើមាន ដែលអ្នកបានធ្វើដើម្បីកាត់បន្ថយនូវការឆ្លងជាលចម្លងមេរោគអេដស៍ ពីស្វាមីរបស់អ្នកដល់អ្នក (សួរបើអាចធ្វើបាន)

១៩, តើអ្នកនិងផ្តល់ដំបូន្មានអ្វីខ្លះអោយស្ត្រីពេលពួកគេរស់នៅជាមួយស្វាមីដែលមានផ្ទុកមេរោគអេដស៍ ហើយមិនទាន់ទទួលការឆ្លងនៅឡើយ?

២០, តើអ្វីខ្លះទៅដែលអ្នកធ្វើនៅបច្ចុប្បន្នដើម្បីការពារការចម្លងមេរោគផ្សេងៗតាមការរួមភេទ រឺឆ្លងមេរោគអេដស៍ថែមទៀតដោយស្វាមីរបស់អ្នក?

២១, ក្នុងផ្លូវណា (បើមាន) ដែលអាកប្បកិរិយាប្រតិកម្មពីស្វាមីរបស់អ្នកបានផ្លាស់ប្តូរពេលអ្នកត្រូវបានរកឃើញថាមានផ្ទុកមេរោគ?

២២, ក្នុងផ្លូវណា (បើមាន) ដែលទំនាក់ទំនងរបស់អ្នកបានផ្លាស់ប្តូរជាមួយស្វាមីរបស់អ្នកពេលអ្នកត្រូវបានរកឃើញថាមានផ្ទុកមេរោគ?

២៣,តើអ្នកដឹងអំពីស្វាមីដែលមានផ្ទុកមេរោគអេដស៍យ៉ាងម៉េច ?

២៤,តើអ្នកមានអារម្មណ៍យ៉ាងម៉េចនៅពេលដែលអ្នកដឹងថាប្តីរបស់អ្នកមានផ្ទុកមេរោគអេដស៍?

២៥,សូមប្រាប់ខ្ញុំអំពីបទពិសោធន៍របស់អ្នកក្នុងការរស់នៅក្នុងស្ថានភាពជម្ងឺអេដស៍របស់ប្តីអ្នក?

២៦,តើអ្នកដឹងថាអ្នកមានផ្ទុកមេរោគអេដស៍យ៉ាងម៉េច?

២៧,តើអ្នកមានអារម្មណ៍យ៉ាងម៉េចនៅពេលដឹងថាអ្នកមានផ្ទុកមេរោគអេដស៏?

២៨,តើជីវិតអ្នកផ្លាស់ប្តូរយ៉ាងម៉េចដែរតាំងមានជម្ងឺ, បើទាំងស្រុង?

២៩,តើមានសំនួរផ្សេងៗ ដែលអ្នកចង់បន្ថែម រឺ និយាយប្រាប់ ដើម្បីជាជួយអោយកាន់តែយល់ច្បាស់អំពីការចម្លងមេរោគអេដស៏អំពីគូស្វាមីភរិយា ?

សំគាល់ :

ពេលសម្ភាសន៏ការបន្ថែមសំនួរស្ងង់នឹងត្រូវប្រើដើម្បីទទួលបាននូវពិត៍មានលំអិតបន្ថែមទៀត ។សំនួរស្ងង់មានដូចជា :១," សូមប្រាប់ខ្ញុំបន្ថែមអំពី.....," ២," ប្រាប់ខ្ញុំតើអ្នកចង់មានន័យយ៉ាងម៉េចដោយ.....," ហើយ ៣," តើវាធ្វើអោយអ្នកមានអារម្មណ៍យ៉ាងម៉េច ? ៤, តើអ្វីជាឧទាហរណ៍ថ្មីៗដែលអ្នកបាននិយាយ...," ។

សូមថ្លែងអំណរគុណយ៉ាងជ្រាលជ្រៅសំរាប់ការចែករំលែកនេះ ។

APPENDIX F: Demographic Form

Date: _____

Participant Number:_____

I would like to obtain some information about you to help me better understand my findings. You are free to not answer any of the questions; it is up to you. All information you tell me is confidential. Although I will report results from the study, the results will not be linked with you in any way.

About a Wife:

1. How old are you?_____
2. What is your marital status?_____
3. How long have you been married to your current husband?_____
4. What is the highest grade in school you completed?_____
5. What is your religion?

   ☐ Buddhism ☐ Christian ☐ Muslim ☐ None ☐ Other (_____)

6. Are you employed? ☐ Yes ☐ No

   If yes, what is your occupation? _____

7. Where are you from?

   ☐ Phnom Penh ☐ province: _____(Originally)

   ☐ Phnom Penh ☐ province:_____(Currently)

8. How long have you known you were HIV+?_____
9. Did you know your husband's HIV status before you knew your own?

   ☐ Yes ☐ No

10. Have you been taking ARV? ☐ Yes ☐ No

    If yes, how long?_____

11. Do you know your CD4+ T cell count? ☐ Yes ☐ No

    If yes, what is it? _____

12. Do you experience any HIV symptoms? ☐ Yes ☐ No

    If yes, how often and what symptoms are they? _____

13. Do you have any access to media? Check all that you have access.

    ☐ TV ☐ Radio ☐ Newspaper ☐ Others ( )

About the Husband:

1. How old is he?_____
2. What is the highest grade in school he completed?_____
3. What is his religion?

   ☐ Buddhism ☐ Christian ☐ Muslim ☐ None ☐ Other (_____)

4. Is he employed? ☐ Yes ☐ No

   If yes, what is his occupation? _____

5. How long has he known about HIV+ status?_____
6. Do you know how he acquired the HIV infection?

   ☐ Don't know ☐ Female sex worker ☐ Injecting drug use ☐ Sex with men ☐ Other ( )

7. Has he been taking ARV? ☐ Yes ☐ No

   If yes, how long?_____

8. Do you know his CD4+ T cell count? ☐ Yes ☐ No

   If yes, what is it? _____

9. Does he experience any HIV symptoms? ☐ Yes ☐ No

   If yes, how often and what symptoms are there? _____

10. Does he have any access to mass media? Check all media that he has access.

    ☐ TV ☐ Radio ☐ Newspaper ☐ Others ( )

About the family:

1. How many children do you have?____
2. How many of them have HIV-infected from birth?_____
3. What's your monthly income? _____Riel/month
4. What's your housing status?

   ☐ Rent : (Riel/m) ☐ Own house ☐ With relatives ☐ others:_____

5. How many rooms do you have? _____
6. Do you have a private room available for you and your husband only? ☐ Yes ☐ No
7. Do you have any support from hospital and other NGOs, and if yes, what they are?_____

APPENDIX F: Demographic Form in Khmer

សេចក្តីបន្ថែម ឃ : ទំរង់ប្រជាសាស្ត្រ

កាលបរិច្ឆេទ: _____

លេខអ្នកចូលរួម: _____

ខ្ញុំចង់បាននូវពិត័មានអំពីអ្នកដើម្បីជាជំនួយអោយខ្ញុំយល់កាន់តែច្បាស់ ។អ្នកមានសិទ្ធិមិនឆ្លងនឹងសំនួរ ហើយរាល់ចំលើយរបស់អ្នកគឺជាការសម្ងាត់ ។ទោះបីជាខ្ញុំធ្វើរបាយការណ៏ ពីការសិក្សានេះវានិងមិនពាក់ពន្ធ័ និងអ្នកឡើយ ។

អំពីភរិយា :

១,តើអ្នកអាយុប៉ុន្មាន ?_____

២,តើអ្នករៀបការហើយ រឺ នៅលីវ ? _____

៣,តើអ្នកបានរៀបការប៉ុន្មានឆ្នាំហើយជាមួយស្វាមីបច្ចុប្បន្ន?_____

៤,តើអ្នករៀនដល់ថ្នាក់ណា ? _____

៥,តើអ្នកកាន់សាសនាអ្វី?

☐ព្រះពុទ្ធ ☐ព្រះយេស៊ូ ☐ អ៊ីស្លាម ☐គ្មាន ☐ ផ្សេងៗ (_____)

៦,តើអ្នកធ្វើការទេ? ☐ ចាស៎ ☐ ទេ

បើចាស៎ធ្វើការអ្វី ? _____

៧,តើអ្នកមកពីខេត្តណា ? ☐ចាស៎ ☐ទេ

☐ភ្នំពេញ ☐ខេត្ត (ទីកន្លែងកំណើត)

☐ភ្នំពេញ ☐ខេត្ត (ទីលំនៅបច្ចុប្បន្ន)

៨,តើរយៈពេលប៉ុន្មានហើយដែលអ្នកដឹងថាអ្នកមានផ្ទុកមេរោគអេដស៍ ? _____

៩, តើអ្នកបានដឹងពីស្ថានភាពមេរោគអេដស៍ប្តីរបស់អ្នកមុនពេលអ្នកដឹងពីខ្លួនអ្នកមែនទេ?

☐ចាស់ ☐ទេ

១០,តើអ្នកធ្លាប់ញ៉ាំថ្នាំពន្យាដែរឬទេ ? ☐ចាស់ ☐ទេ

បើ ចាស់ រយៈពេលប៉ុន្មានហើយ ? _____

១១,តើអ្នកដឹងអំពីចំនួនកោសិកាសេដេកាត់ ដែរឬទេ? ☐ចាស់ ☐ទេ

បើចាស់ តើវាគឺជាអ្វី ? _____

១២,តើអ្នកធ្លាប់មានរោគសញ្ញាមេរោគអេដស៍ដែរឬទេ? ☐ចាស់ ☐ទេ

បើចាស់ ប៉ុន្មានដង? ហើយមានរោគសញ្ញាអ្វីខ្លះ? _____

១៣,តើអ្នកមានប្រព័ន្ធផ្សព្វផ្សាយដែរឬទេ? សូមគូសសញ្ញា ក្នុងប្រអប់ខាងក្រោម

☐ទូរទស្សន៏ ☐វិទ្យុ ☐ សារពិត័មាន ☐ផ្សេងៗ (_____)

អំពីស្វាមីៈ

១,តើគាត់អាយុប៉ុន្មាន? _____

២, តើគាត់រៀនដល់ថ្នាក់ទីប៉ុន្មាន? _____

៣, តើគាត់កាន់សាសនាអ្វី?

☐ព្រះពុទ្ធ ☐ព្រះយេស៊ូ ☐អ៊ីស្លាម ☐ គ្មាន ☐ផ្សេងៗ (_____)

៤,តើគាត់ធ្វើការទេ? ☐ចាស់ ☐ទេ

បើចាស់ តើគាត់ធ្វើការអ្វី? _____

៥,តើរយៈពេលប៉ុន្មានហើយដែលគាត់ដឹងថាមានមេរោគអេដស៍? _____

៦,តើអ្នកដឹងថាគាត់ទទួលចម្លងមេរោគអេដស៏?

☐ មិនដឹង ☐ ស្រែរកស៊ីផ្លូវភេទ ☐ការប្រើប្រាស់ថ្នាំញៀន ☐រួមភេទជាមួយបុរស ☐ ផ្សេងៗ

៧,តើគាត់មានលេបថ្នាំពន្យាដែរឺទេ? ☐ ចាស់ ☐ ទេ

បើចាស់ រយៈពេលប៉ុន្មានហើយ? _____

៨,តើអ្នកដឹងអំពីចំនួនកោសិកាសេដេកាត់ របស់គាត់ទេ? ☐ ចាស់ ☐ទេ

បើចាស់ តើវាជាអ្វី? _____

៩,តើគាត់ធ្លាប់មានរោគសញ្ញាមេរោគអេដស៏ដែរឺទេ? ☐ចាស់ ☐ ទេ

បើចាស់ ប៉ុន្មានដង? និង រោគសញ្ញាយ៉ាងម៉េចខ្លះ? _____

១០, តើគាត់មានប្រព័ន្ធផ្សព្វផ្សាយដែរឺទេ? សូមគូសសញ្ញា ក្នុងប្រអប់ខាងក្រោម

☐ទូរទស្សន៏ ☐វិទ្យុ ☐ សារពិត័មាន ☐ ផ្សេងៗ (_____)

អំពីគ្រួសារ

១,តើអ្នកមានកូនប៉ុន្មាននាក់? _____

២,តើមានកូនប៉ុន្មាននាក់បានឆ្លងមេរោគអេដស៏តាំងពីកំនើត ? _____

៣,តើអ្នកបានចំនូលប៉ុន្មានប្រចាំខែ? _____រៀល/ខែ

៤, តើស្ថានភាពផ្ទះរបស់អ្នកយ៉ាងម៉េចដែរ ?

☐ ជួល :_____ រៀល/ខែ ☐ ផ្ទះខ្លួនឯង ☐ ជាមួយបងប្អូន ☐ ផ្សេងៗ: _____

៥,តើអ្នកមានប៉ុន្មានបន្ទប់ ? _____

៦,តើអ្នកមានបន្ទប់ផ្ទាល់ខ្លួនសំរាប់តែប្តីប្រពន្ធអ្នកដែរឺទេ? ☐ ចាស់ ☐ ទេ

៧,តើអ្នកទទួលបានការឧបត្ថម្ភពីមន្ទីរពេទ្យ និងបណ្តារអង្គការដទៃទៀតដែរឺទេ? ហើយបើមាន

សូមប្រាប់ឈ្មោះ _____

APPENDIX G: Confidentiality Agreement Form

(For Interpreter, Transcriber, and Translator)

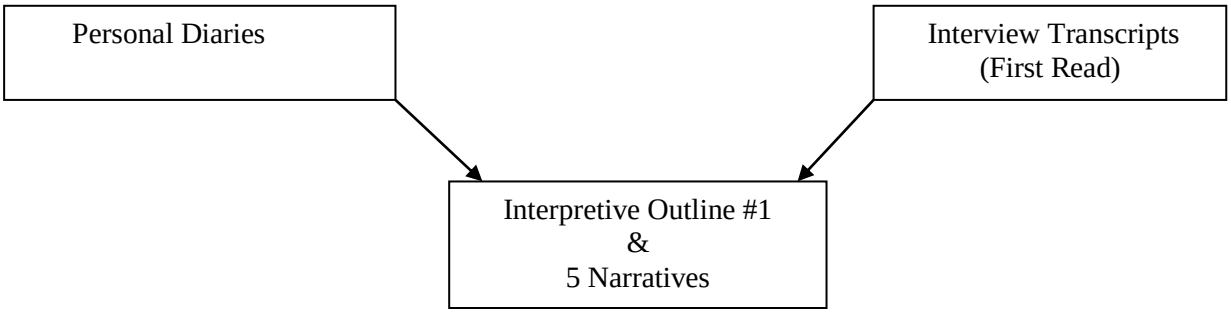
Cambodian Women's Experience of HIV Contraction from their Husbands

The study has been explained to me by the researcher, Young Ran Yang. I will not release any information that I obtain about participants' information. In addition, during transcription or translation, I will keep data in a designated computer in a locked room during work and will not copy or transfer them to other computer or portable devices. I will also not disclose any information about any of the study participants to anyone.

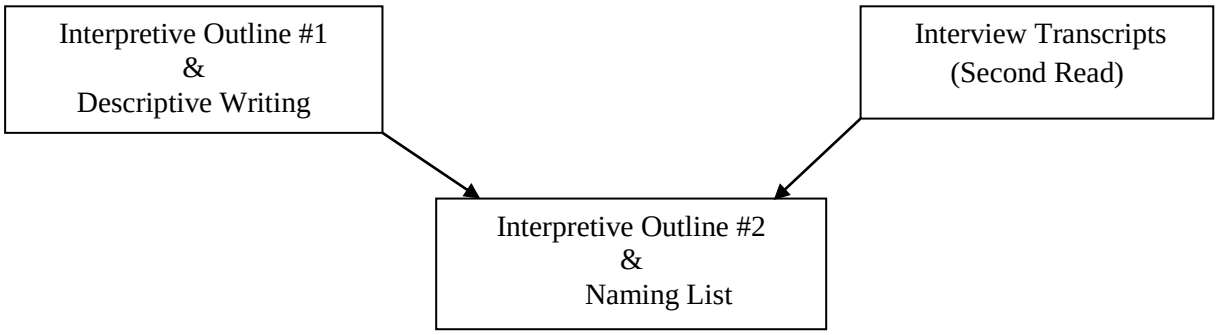
Printed name of researcher Signature of researcher Date

Printed name of research assistant Signature of research assistant Date

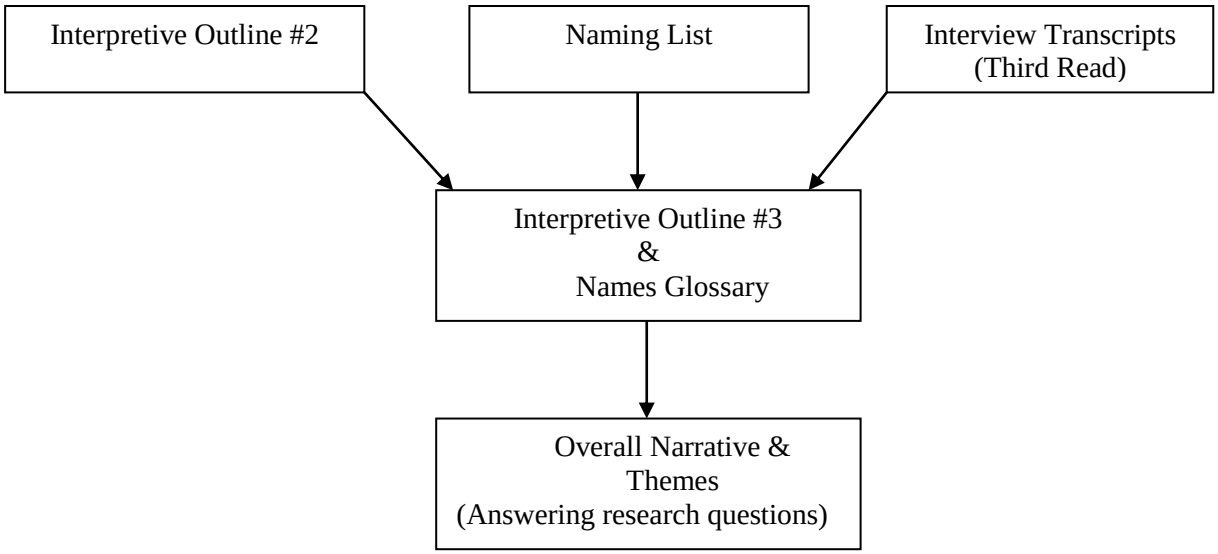
APPENDIX H: Data Analysis Process Diagram



What does this reveal about factors that affect the transmission of HIV from a husband to a wife?



What does this reveal about factors that affect the transmission of HIV from a husband to a wife?



1) Personal diaries were first read as a whole for initial patterns of participants' experience being expressed. Notes made where the pattern was seen, in specific words, phrases or metaphors and where sections of the data seemed to be addressing a theme. From this a list of thematic categories, themes and subthemes were developed (See Ex. 1 below).
2) All interview transcripts were then read as whole narrative accounts of the participants' experiences, leading to the development of a list of thematic categories, themes and subthemes for the interviews (See Ex. 2 below).
3) These 'first read' lists of personal diaries and interviews were reviewed with my committee member, and next step is to write 5 narratively in order to get at how these separate lists fit together as a whole for each of 5 specific aims. These 5 narratives guided the writing, which included elements of the themes but not were driven by them only.
4) The first interpretive outline and the descriptive writing guided the next review of the data. Read whole interview and identify salient examples and paradigm cases. This reading across all generated the second interpretive outline in which alterations were made to the themes and subthemes lists (See Ex. 3 below).
5) The process of naming was important for clearly distinguishing subthemes. Naming each subtheme of the second interpretive outline involved describing the particular idea or experience expressed in the data. The name assigned to the idea was given a broad definition and transferred into a glossary for quick reference (See Ex. 4 below). A list of keywords for each name was also created and then searched for these words in Atlas.ti program. This was done in order to generate a list of direct quotes and portions of text that corresponded to the definition for easy retrieval during later writing.
6) The whole text was read a third time with the explicit purpose of critiquing the interpretive outline. To ensure a careful examination of my interpretation, I re-visited the original research questions, and then specifically read notes and transcripts against each theme and name as I defined them.
7) This third interpretive outline along with the naming glossary became the foundation for writing the final interpretive analysis, which also went through several versions that involved balancing descriptive writing with my interpretive account of participants' stories and the themes (See Ex. 5 below).
8) "Outsider" checks of my analysis occurred through conversations with my committee including reviewing thematic categories, themes, names, and each revised interpretive outline. Also, I left large portions of direct data from transcripts in early drafts of the final writing so that others also read the data directly and can provide feedback on the interpretations drawn from it.

Ex 1). Interpretive Outline #1 (Observation Notes and Personal Diaries)

Category	Themes	Sub-themes
Place	Moving between locations	Stigma and discrimination
Communication	Silence	Obedience
	Verbal	Negotiating, apologizing

Ex 2). Interpretive Outline #1 (Interview Transcriptions)

Category	Themes	Sub-themes
Spousal expectations	Choice	Wives' choice/having no choice
	Culture	Gender role in household, sexual relationship
	Virtues	Respect (time/busy lives; privacy)
		Obedience, silence

Ex 3). Interpretive Outline #2

Themes:

1) Contracting HIV through silent obedience
   - Negotiating the use of condom use, Purpose of male condom
   - Servant, property
   - Trust, love, respect
   - Marriage by parent's arrangement

Ex 4). Names Glossary

Stigma:
Expressions of myths and value judgments about people with HIV; experiences of prejudice and discrimination related to HIV diagnosis and other aspects of person's identity.

Trust:
A feeling of ease, comfort, familiarity between husband and wife that contributes to ability to listen to each other; husband's ability to take advice, suggestions, direction from wife. May be named directly by participants or expressed nonverbally.

Ex 5) Interpretive Outline #3

1) Contracting HIV through silent obedience
   - Cultural expectation; being the 'bad wife' vs. being accepted
   - Ideal women: respect, obedient, silent, king, servant
   - Building trust
   - Being honest
   - Dependent: economic, child education

Key search words

- Honesty: honest, truth, true
- Respect: King, servant

APPENDIX I: Additional Interview Quotes

The Loss of the Past

The Woman as Person; Absence of Oneself

Adhering to Traditional Khmer Family Values

Being an asset to the household

I was the second daughter, where I had 4 or 5 siblings to take care of, so I did the cooking. My elder sister had the same problem. My sister was busy working with my mother, such as going to the [rice] field or even to the forest, so I am the one, looking after younger sisters and brothers, and cooking meals as well as washing clothes. So I had no time to visit my friend's house, because of many duties. (P5, age 32)

Fulfilling the Role of a Khmer Wife

Being the family caretaker

Being a good wife, we know our husband's needs and fulfill them. In his living, I know all of it. (P9, age 31)

Being the faithful and trusting life partner

"I trust him, all in all"

I don't know if he goes out or not, he doesn't tell |laugh|. When he went out at night, went to the ceremonies, I looked after children, therefore [I] didn't know where they went. (P10, age 42)

I didn't know how many time he went there, that time he was a motor driver, I didn't know when he went there. But just sometime he didn't come back home. I just knew that he didn't come back home. (P5, age 32)

I did not know if he went to have sex or not, but he went to drink every day and from one beer store to other beer store until 2 or 3 am. It was a long time. (P14, age 37)

I do not know if he went out [when I delivered]. How can I know? When he goes, he never tells me. Maybe he went secretly, so I do not know. (P7, age 34)

I am not a prostitute but a Khmer woman

He wants me to do this, to be above him like this. I said it is not good, I am very shy; I do not dare to do it. Never do like the picture that they do [in sex video]. He told me to follow them [in sex video], but I did not do it. (P14, age 37)

Enduring the husband's undesirable behavior

Taking a wife for sex; to be served in bed.

But for him, he said that, if I did not do this [for sex]), he would not have taken me" (P6, age 28)

At that time he wanted to have sex with me, he slept with me in one night, and tomorrow night he slept with me again, the following night, he slept again, but I was tired, so I said I am tired and bored. He wanted to hit me and he said that I may have another man, and that is why I did so to him. He cursed me everything at that time. (P1, age 39)

Engaging in risky sexual behavior outside marriage

He arrived home and drunk so he always falls asleep. But when he had a fresh feeling then I asked where did you go last night? He said he did not go anywhere, after getting drunk, he came home. Men never are honest with us, never telling the truth to us. P3

The Loss of the Future

The Woman as Person: The Forsaken One

Undergoing Changes: "Changed a lot!"

Tolerating emotional pain: Hopeless, hopeless

Being horrified

I don't know if there is a cure every day. If there is a drug for curing, [I] think that must be expensive. And [I] can see the new world again. If there is no medicine to cure, do not know any day [I can die]. (P13, age 28)

I felt frightened too. Scared... Firstly, I didn't know that HIV is very cruel, I didn't know. (P10, age 42)

Self-blaming: "because of me"

I had only that, but after I rethought. I didn't want to die when they gave me counseling. They gave me counseling, and I felt that I had sin from my previous life. But I wish I don't have such a life in my present life. (P1, age 39)

If we have this illness, what can we do, if it is because of our sin? (P4, age 31)

He said that, perhaps, he owed my Karma and he put me in trouble for life, and also our daughter, since she is still small and her parents have that disease. (P11, age 32)

Felt very discouraged, but I could stand it…Maybe it is because of sins. I didn't put the blame on him at that time because it gained nothing back. (P2, age 42)

Having changes in intimate relationship: doing less but more carefully

Because he has the sexual problem, he is weak for sex so he didn't think of it. (P5, age 32)

Because we are sick, so we cannot use a lot of energy, cannot have sex often. Normally, having sex makes us lose energy. (P2, age 42)

When he has sex, he also ejaculates fast. He seems like he has no strength. (P13, age 28)

Maintaining health: knowledge and practices

Agreeing to condom use

I am afraid of having drug resistance, and also afraid of having a baby because now I am old, so my uterus is not strong, cannot bear a baby, and I do not want to have more children. I think so that is why I use condoms; when I want to sleep with him, I ask him to use condom 100% [of the time]. It is because I am using the second line of the drugs, and he is using the first line. So I am afraid of having drug resistance. (P1, age 39)

When having sex, I use [a condom] because I am afraid of drug resistance, because we use different medicines. The drug resistance virus will spread to me from him [if we don't use a condom]. (P14, age 37)

VITAE

Young Ran Yang, RN, BSN, MPH, PhD

EDUCATION

2012	PhD	University of Washington	Seattle, USA	Nursing Science
2003	MPH	Seoul National University	Seoul, Korea	Public Health
2001	BSN	Seoul National University	Seoul, Korea	Nursing Science

PROFESSIONAL CERTIFICATIONS

2011	Graduate Certificate in Global Health	University of Washington	Seattle, WA
2011	Graduate Certificate in HIV and STIs	University of Washington	Seattle, WA
2009	Principles of STD/HIV Research	University of Washington	Seattle, WA
2009	Blood-borne Pathogens Training	University of Washington	Seattle, WA

FUNDED RESEARCH

2011 Fritz/Boeing Graduate Fellowship for International Research Fellowship, for research study *HIV Transmission from Husbands to Wives in Cambodia: the Women's Lived Experiences.* Funded at $5,000

2011 Korean Association of Southeast Asian Studies, for research study *HIV Transmission from Husbands to Wives in Cambodia: the Women's Lived Experiences.* Funded at $6,000

2011 Hester McLaws' UW SON Research Scholarship, for research study *HIV Transmission from Husbands to Wives in Cambodia: the Women's Lived Experiences.* Funded at $3,500

2010 R. Hunter Simpson Global Service Learning Fellowship. Funded at $5,000

PUBLICATION

Yang, Y., Bekemeier B., (2012) Using a wide-range of activities to address health disparities: Local health departments and their "Top Executives". *Journal of Public Health Management and Practice, in press*

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