

IMPROVING ACCESS TO HEALTH SERVICES FOR FEMALE ENTERTAINMENT WORKERS IN CAMBODIA: Findings from the Mobile Link Randomized Controlled Trial



Why did we do this trial?

Female entertainment workers (FEWs) include women working at entertainment establishments such as karaoke bars, massage parlors, and beer gardens. In Cambodia, FEWs experience a greater prevalence of human immunodeficiency virus (HIV) and sexually transmitted infections (STIs), psychological distress, substance use, and gender-based violence (GBV) than the general women population. Reaching FEWs with health education and services has been difficult because of their hidden and stigmatized status. This study evaluated the Mobile Link intervention, which aims to improve FEWs' health and wellbeing of FEWs. The intervention provided FEWs with health information using short message services (SMS) and voice messages (VM). It connected them to the existing HIV, sexual and reproductive health (SRH), and GBV-related services.

How was the trial designed?

This randomized controlled trial was conducted between March 2018 and June 2019. We enrolled 600 FEWs from five study sites in the capital city of Phnom Penh and three other provinces. The selected FEWs were then randomly assigned to intervention or standard care groups. In the intervention group, participants received a message on their cell phone twice a week for 60 weeks that covered one of ten health themes: contraception, general health information, HIV/STI transmission and prevention, miscarriage, pregnancy, alcohol use at work, pregnancy termination, hygiene and vaginal health, and GBV.

After months of focus group discussions and key informant interviews, we developed health messages using rights-based and health promotion frameworks. Participants could choose to receive the messages in an

SMS or VM form that worked with simple and smartphone devices.

We surveyed the participants about their health outcomes, including self-reported HIV and STI symptoms and testing, prevention behavior, SRH, and GBV at week 1, week 30, and week 60. We also asked participants about their healthcare-seeking behavior, including contacting outreach workers for prevention, care, and escorted referral services.

What did we find?

We included 218 FEWs in the intervention group and 170 FEWs in the control group after removing dropouts in the final analyses. At the beginning of the trial, we did not detect any differences between the two groups regarding their health outcomes or healthcare seeking behaviors.

At the end of the trial, we did not see any differences in health outcomes. However, we found that more FEWs in the intervention group had contact with outreach workers and received an escorted referral than those in the control group. FEWs in the intervention group also reported less forced drinking at work. We found the following adjusted odds ratios: never being forced to drink at work (group by time 3 interaction: aOR 0.24, 95% CI 0.10-0.62) and receiving an escorted referral (group by time 3 interaction: aOR 0.12, 95% CI 0.03-0.61). Contacting outreach workers was significant at timepoint 2 (group by time 2 interaction: aOR 0.29, 95% CI 0.11-0.73), but this effect was not seen at timepoint 3.

What do these findings mean?

The Mobile Link intervention successfully linked vulnerable young FEWs to outreach workers and escorted referrals services through their mobile phones. This linkage suggests that mobile technology can link FEWs to other health education and services, events, and right-based information. Longer-term messaging and outreach worker links can increase access to services and may impact health outcomes in the future.



Our findings also indicate reductions in forced drinking at work among intervention participants. The messages in this topic included tips to reduce alcohol intake, such as eating large meals before work, drinking lots of water between drinks, adding lots of ice to displace the alcohol, and moving or dancing to help process the alcohol. The messages also encouraged women to share clients' cash tips collectively so that individuals do not feel so much pressure to drink excessively for more tips. As alcohol use is linked to increased sexual risk-taking and violence, these findings are promising.

Given the positive findings on this intervention's service linkages, we will consider using the Mobile Link model with other key populations in Cambodia and the region. Similar interventions can be developed for improving health and access to services among transgender women, men who have sex with men, and people who use drugs.

