

Contextualizing the Health of Cambodian Families Living in Poverty

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Introduction

- Availability of medicine/formal health institutions does not ensure strong health outcomes.
- Social determinants of health: socioeconomic status, gender, religiosity, cultural beliefs, etc.
- Poverty in developing countries affects health-seeking behaviors.

(Berman, Kendall, & Bhattacharyya, 1994; Shaikh, Haran, & Hatcher, 2008)

Demographics of Cambodia

- History of unrest, political turmoil, war and genocide
 - High rate of public sector corruption
 - High risk of trauma in population



(Chandler, 2007; Short, 2005; WHO, 2015; World Bank, 2014)

Health Status of Cambodians

- Drastic improvements in health status since 1980s
 - Remarkable inequality in still exists.
- Most people lack access to infrastructure, education, and health services.
 - 68% of the population live on less than \$2 USD per day
- **The Ministry of Health** oversees all public health institutions.
 - Public health centers lack supplies and have a limited range of medications.

(WHO, 2015; World Bank, 2014)

Theoretical Framework

- The Household Production of Health:
 - A dynamic behavioral process through which households combine their (internal) knowledge, resource, and behavioral norms and patterns with available (external) technologies, services information, and skills to restore, maintain, and promote the health of their members (Berman et al., 1994; p. 206).

(Berman et al., 1994)



Research Question

How do Cambodian families make health-related decisions?

Research Design

- Exploratory qualitative study
- In-depth semi-structured interviews
- At least two family members at the same time
- Sample open-ended questions:
 1. With whom do they consult when making health decisions?
 2. Where do they go for health services?
 3. To what extent do internal and external parties influence their decisions?
- Observation notes

Sample

- Nine families interviewed
- 10 females and 9 males
- Age: 18-72
- Income: \$100-\$300
- Little to no education

Analysis

- Interviews were translated and transcribed
- Creswell's thematic analysis:
 - Transcripts were read multiple times
 - Analytic notes were made to ensure thorough understanding
 - Code labels were assigned to significant paragraphs
 - Sections with similar code labels were grouped together to create themes
 - These themes were interrelated to the health-seeking behaviors of Cambodian families

Results

- Four main themes were identified:
 1. Experiencing financial constraints
 2. Dealing with formal healthcare institutions
 3. Falling into high debt
 4. Being financially dependent

Theme 1:

Experiencing Financial Constraints

- All families experience financial constraints
 - “When [the children] are sick, we don’t have enough money. Every time we go to the hospital, we spend so much money.”
 - “In order to see the doctors, we need our own money. If we don’t have our own money, we don’t go.”
- Prevents use of formal health services, and results in alternative services.
- Prioritizing other expenditures.

Theme 2:

Dealing with Formal Healthcare Institutions

- Most families reported class discrimination when going to a hospital.
 - "Some hospitals, when they know we're poor, they don't even look at our faces; they just walk away. This is a huge difficulty."
- Even if some services are free, patients have to pay transportation, lodging, and foods.
 - "The costs for transportation, for example. So when we go, and there's a problem, the doctor will tell us to stay overnight. If we stay overnight, we must buy food. Some of the medicines in the prescription that the doctors don't have, we have to buy. So, these are the costs that I have to cover."

Theme 3: Falling into High Debts

- When a member of the family gets severely sick and needs treatment, the entire family could fall into debt.
 - "Since I've been sick, I borrowed \$1,000, and including interest, it's reached \$2,000. But I'm afraid when I die, I can't pay them back, and that's sinful."
- These debts are often from unregulated sources and have unreasonable interest rates.
 - "I told my wife to pay them back \$1,000 a year with money that my children help us with. But the debt collector doesn't care. They want \$2,000 to \$3,000."

Theme 4: Being Financially Dependent

- Older family members depend on their adult children to provide for them.
 - “Our children’s financial support is only enough for medications. We can’t earn money ourselves.”
 - “Those four [children], they all help us with some money. Each month, one of them gives a little bit, and the others give a little bit too.”
- If adult children do not provide financial assistance, parents express significant disappointment.
- Those who received financial support reported happiness and strong relationship with their children.

Implications

- The Cambodian government needs to subsidize healthcare and make services (including transportation and lodging) free of charge or low cost.
- Special loan programs for households should be established to prevent families falling into unsolvable debts.
- Local governments need to allocate more health resources for elders who do not have anyone on whom they could depend.

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