ReBUILD Consortium

Research for stronger health systems post conflict

December 2018

Briefing paper

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Conflict, household structure and health seeking behaviour: the Cambodian experience

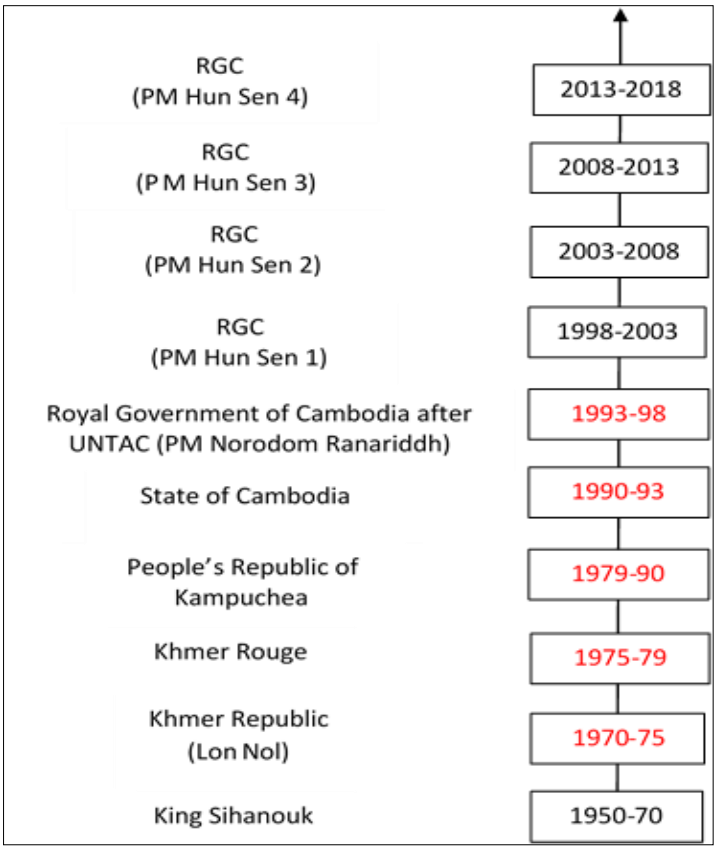
Key messages:

- Conflicts in Cambodia have long lasting effects on current poverty and vulnerability of Cambodian people to access healthcare.
- Conflicts have changed the household structure in Cambodia, leaving the country with 'demographic scars' and this has resulted in (1) challenge to people's physical access to health care, (2) destructed family and social networks for health support and (3) limited livelihood and household's capacity to pay for health care.
- The loss and disability of male household members results in the change of women's roles in the household in order to ensure economic stability. However, women face greater difficulties than men in achieving livelihood resilience due to education deficits.
- Death or disability of breadwinners transmitted poverty to current young generations.
- These young generations had limited capacity to support parents now in or close to old age, falling health characterised by chronic conditions and increasingly unable to support themselves.
- Current Health Equity Fund policy is beneficial to support these poor and vulnerable young people and will be increasingly needed as the war-affected generations survives in growing numbers to more advanced ages.
- Towards the achievement of UHC, the design of social health protection in Cambodia requires:
  - ◊ More focus on patients with chronic conditions, ensuring that specific needs of poor families continue to be targeted for comprehensive direct and indirect health cost coverage.
  - ◊ More application of gender and equity lens, such as aging population, disability and household with high dependency ratio.

Background to the work

- Cambodia experienced nearly three decades of conflict from 1970-1998. Heuveline (2001)[1] has estimated that up to 2.8 million people died in the ten-year period from 1970-1980, disproportionately among the younger adult male population of the 1970s.
- The change of household structures and the presence of disabilities incurred during the conflict were important mediating factors for people's economic and health status.
- This briefing note aimed to identify people who had disproportionately lost key members of their household or suffered disability during the conflict and to explore in depth how those factors had influenced their lives, livelihoods, health and health care experiences.

Figure 1: Historical and conflict timeline in Cambodia from 1950-2018



Summary of research approach

- This study applied a qualitative life history approach with in-depth interviews with 15 respondents (7 females & 8 males) selected from two operational districts, Angroka and Kirivong, both in Takeo province.
- Two criteria were used for selection, such as (1) being of an age to clearly remember at least the Khmer Rouge period (50 or more in 2018); and (2) having been identified as someone who lost critically family members or acquired a disability during the conflict.
- The study receives an ethical approval from both the National Ethics Committee for Health Research in Cambodia and Queen Margaret University in the UK.

Key findings

- The Khmer Rouge regime (1975-1979) and the period of the 1980s had caused the household disruption and disability in Cambodia, consequently leading to negative implications for people's livelihoods. This vulnerability is both gendered and structured by age.
- Men and women have similar patterns of household disruption and exposure to disability (See Figure 2), but men have generally been better able to recover from the shocks and achieve better economic outcomes after conflict due to the presence of their education and vocational skills.

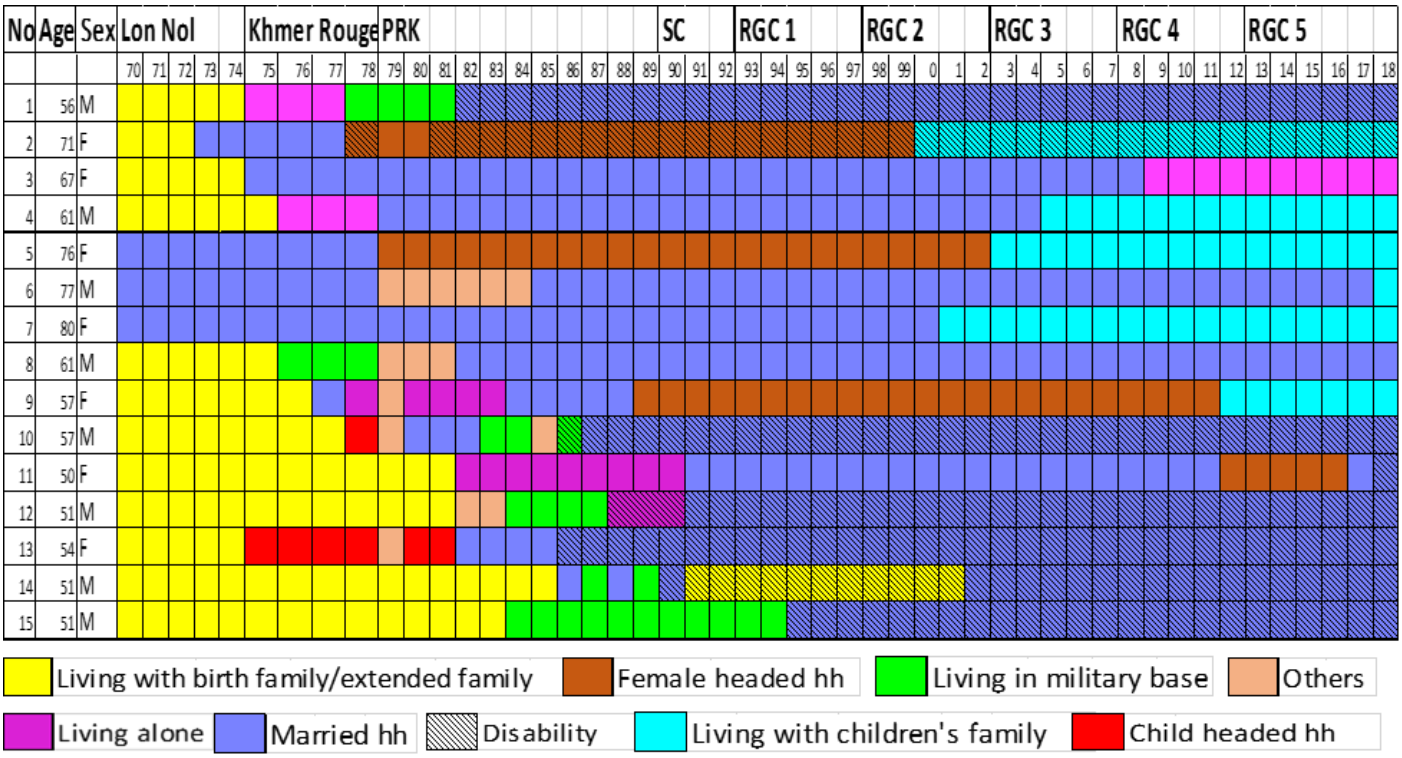


Figure 2: Household structure of 15 respondents

- Women at the cohort of 50 to 80 years old had education deficit due to cultural bias in the past against their education, so they depended, to a greater extent than men, on physical labour as their main source of livelihood after conflict. For this reason, disability has a more severe impact on their livelihoods..
- Widowhood emerged as a specific vulnerability for women as they appeared to be both stigmatized and exposed to exploitation. Some respondents decided to remarry to avoid the stigmatized status, but it depended on their ages. Age at the time of the conflict is another factor that seems to have affected the prospects of recovery from household and disability shocks for women.

- Household with fewer members tended to have limited ability to recover household livelihood and the presence of sick or disabled household members put a double burden on household livelihoods.
- The poverty derived from the household disruption and disability during the Khmer Rouge and after Khmer Rouge was also transmitted to the younger generation of the same household. Younger generation inherited poverty, but also ill health. The lack of nutrition and deficit of food supply, child labour, hazardous employment and migration to disease prone areas for work were all related factors that undermine health condition of these young generations.
- With high poverty, patients could not access health care appropriate to their condition. Cost sharing between family members between and within households is also limited.
- The high dependency ratio, for example, presence of many small children in a household had been at some time a constraint to health care seeking – adult or older sibling could not seek health care as no one else could take care of children instead.
- The disruption of household composition and family and social networks within families and communities due to conflicts make the critical difference as to whether health care access was achieved or not.
- Social protection schemes such as Health Equity Fund and pension fund for disabled veterans helped cover health expenditure for people affected by conflicts, their children and/or grandchildren.
- There are still certain vulnerable groups of people who still did not get healthcare services as they need, such as patients with chronic diseases, aging population, disabled people and veterans and household with high dependency ratio.

The ReBUILD Research Consortium is an international research partnership working to support improved access of the poor to effective health care and reduced health costs burdens in settings affected by conflict and crisis.

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ReBUILD is funded by UK Aid from the Department for International Development. However, views expressed do not necessarily reflect the UK government's official policies.

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