

Uncovering belief and poverty roles in treatment pathway of mental problems in Cambodia

AUTHORS

Thida Kim, thidakmconnect.hku.hk
Amaury Peeters, apeeters@louvaincooperation.org

AFFILIATIONS

University of Hong Kong
Louvain Cooperation (Belgium)



INTRODUCTION

Cambodia experienced chronic civil wars for almost two decades together with current problems including violence against women, human exploitation and trafficking, and landmine worsened by poverty, social injustice, impunity, poor medical infrastructure, and human resource constraints resulted in high prevalence of PTSD among Cambodian population, estimated by WHO to 28.4%.

Cambodia has the lowest health service utilisation in the region and only a small fraction of the population has access to mental health care despite recent large scale training effort of health staff by the Ministry of Health. Cambodia goes largely undocumented and only 0.02% of the total national health budget goes to mental health services.

Cambodian's health seeking behaviour is based primarily on self-medication and both private and "traditional" sectors rather than on government health services. Supernatural beliefs are also known to profoundly influence the attitudes of people especially with regards to treatment seeking.

OBJECTIVE

“To investigate the influence of beliefs about mental health on treatment pathways and the importance of “traditional” and biomedical treatments in the healing process

METHODOLOGY

Qualitative research approach focusing on several case studies:

- 14 Free-listing interviews to get information about beliefs, health conditions and treatments
- 3 cases in 2 provinces (Kampong Cham & Kampot)
- 16 In-depth interviews (2 hours long with revisits) with patients, relatives and treatment providers: traditional & medical providers

RESULTS

- Khmer nosology and supernatural etiology were widely used and this strongly influence treatment seeking behaviours.
- “Traditional” treatment: validated supernatural belief & culturally adapted the terminology while medical terminology of mental problems was not easily understood even by nurses.
- Treatment seeking behaviours mainly based on consumers' beliefs about their condition. Medical providers contacted when conditions were believed to be caused by physical factors or when getting much worse
- Consumers combined treatments: biomedical and “traditional”
- Barriers to develop comprehensive modern treatment in rural communities:
 - Lack of knowledge and training
 - Heavy workload of providers
 - Dependency on biomedical approach
 - Poor accessibility of services
- Stigma related to mental health problems leads to social isolation of patients

CONCLUSION

- Supernatural beliefs about mental problems are common
- “Traditional” treatments are the most favoured therapy
- Poverty is a barrier to biomedical treatment-seeking behaviours but not to “traditional” ones
- Despite the coexistence of both biomedical and “traditional” treatments, structural barriers hinder further development of comprehensive biomedical treatments
- Coexistence of both biomedical and “traditional” treatments: further research should explore new ways of building bridge between both approaches to find practical and accessible solutions to improve the support to rural communities
- Explore more the therapeutic contributions of traditional practices and support them even in biomedical approach

TREATMENT PATHWAY OF CSR CASE

Neak Ta t'ver / Amper :

Curse caused by Supernatural power (through spirits)
Body pain, muscle stiffness, headache, fever, dizziness, fear, worries, lost memory

Sasay Prasat : nervous system problems

High fever, brain damage
Physical & psychological factors: sadness, upsetting, thinking, family crisis

