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Health Inequalities in the Global South: Identification of Poor People with Disabilities in Cambodia to Generate Access to Healthcare

Authors : Jamie Lee Harder

Abstract : In the context of rapidly changing social and economic circumstances in the developing world, this paper analyses access to public healthcare for poor people with disabilities in Cambodia. Like other countries of South East Asia, Cambodia is developing at rapid pace. The historical past of Cambodia, however, has set former social policy structures to zero. This past forces Cambodia and its citizens to implement new public health policies to align with the needs of social care, healthcare, and urban planning. In this context, the role of people with disabilities (PwDs) is crucial as new developments should and can take into consideration their specific needs from the beginning onwards. This paper is based on qualitative research with expert interviews and focus group discussions in Cambodia. During the field work it became clear that the identification tool for the poorest households (HHs) does not count disability as a financial risk to fall into poverty neither when becoming sick nor because of higher health expenditures and/or lower income because of the disability. The social risk group of poor PwDs faces several barriers in accessing public healthcare. The urbanization, the socio-economic health status, and opportunities for education; all influence social status and have an impact on the health situation of these individuals. Cambodia has various difficulties with providing access to people with disabilities, mostly due to barriers regarding finances, geography, quality of care, poor knowledge about their rights and negative social and cultural beliefs. Shortened budgets and the lack of prioritizations lead to the need for reorientation of local communities, international and national non-governmental organizations and social policy. The poorest HHs are identified with a questionnaire, the IDPoor program, for which the Ministry of Planning is responsible. The identified HHs receive an 'Equity Card' which provides access free of charge to public healthcare centers and hospitals among other benefits. The dataset usually does not include information about the disability status. Four focus group discussions (FGD) with 28 participants showed various barriers in accessing public healthcare. These barriers go far beyond a missing ramp to access the healthcare center. The contents of the FGDs were ratified and repeated during the expert interviews with the local Ministries, NGOs, international organizations and private persons working in the field. The participants of the FGDs faced and continue to face high discrimination, low capacity to work and earn an own income, dependency on others and less social competence in their lives. When discussing their health situation, we identified, a huge difference between those who are identified and hold an Equity Card and those who do not. Participants reported high costs without IDPoor identification, positive experiences when going to the health center in terms of attitude and treatment, low satisfaction with specific capacities for treatments, negative rumors, and discrimination with the consequence of fear to seek treatment in many cases. The problem of accessing public healthcare by risk groups can be adapted to situations in other countries.

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