



CAMBODIA

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals
Working with Foreign-born Clients



GEOGRAPHIC LOCATION¹

- Cambodia is located in Southeast Asia.
- **The capital is:** Phnom Penh
- **Other major cities:** Siem Reap
- Cambodia is bordered by the Gulf of Thailand to the west, Thailand to the northwest, Vietnam to the south and southeast, and Laos to the north.
- The country is divided into 23 provinces (or khaittl) and 1 municipalities (or krong).
- **Provinces:** Banteay Meanchey, Battambang, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kampot, Kandal, Kep, Koh Kong, Kratie, Mondolkiri, Oddar Meanchey, Pailin, Preah Vihear, Prey Veng, Pursat, Ratanakiri, Siem Reap, Sihanoukville, Stung Treng, Svay Rieng, Takeo
- **Municipalities:** Phnom Penh (Phnum Penh)¹

Note: The information provided within is an introduction only and does not characterize all individuals from this country.

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- Official language: Khmer¹
- French is widely used and English is spoken by some Cambodians.¹

ETHNIC GROUPS:

- Khmer 90%, Vietnamese 5%, Chinese 1%, Other 4%¹
- Most Cambodians consider themselves to be Khmers.¹

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- Theravada Buddhism is the state religion; approximately 96.9% of Cambodians are Buddhist.¹
- The Cham-Malays (Muslims) 1.9% represent a large minority group in Cambodia.¹

LITERACY OF CITIZENS: *Defined as persons age 15 years and older that can read and write.*

- Total population: 73.9%
Male: 82.8%
Female: 65.9% (2009 est.)¹

MEDICAL SYSTEM:

- Years of civil war and genocide in the 1960s and 1970s destroyed the health system in Cambodia.²
- In Cambodia, care provided through private clinics is generally preferred. Studies conducted in Cambodia reveal that private sector providers/traditional healers (largely drug sellers) are the first points of contact for over 70% of the population when they are ill. Even those who initially access public health services are likely to turn to traditional healers and private practitioners for subsequent (or supplementary) treatments of the same illness.^{2,3}
- In 2009, expenditures on health services were paid for by the government (21.27%), mainly from general taxation revenues with substantial support from external development partners, and out-of-pocket payments (73.1%). Government expenditure on health rose from US\$4 per capita in 2000 to US\$9.36⁴

Cambodia has one of the largest shares of out-of-pocket payments in the Western Pacific Region. Most out-of-pocket payments (68%) go to private medical services, including payments to unregulated private practitioners, to unofficial payments in the public sector and to various participation costs, such as transportation costs. Only 18.5% is spent in the public sector. Coping strategies to pay these health costs include using savings (51%), using wages/earnings (45%), borrowing money (18%), and selling assets (8%), all of which can contribute to increasing poverty.⁴

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MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Water and food borne:** Hepatitis A, bacterial diarrhea and Typhoid fever¹
- **Vector-borne:** Dengue Fever, Malaria, and Japanese Encephalitis¹

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 2.66 children born/woman (2014 est.)¹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data collected in 2010 by the U.S. Census Bureau, approximately 231,616 individuals listing Cambodian ancestry reside in the United States.⁶
- 2,473 persons from Cambodia obtained legal permanent resident status* within the USA during fiscal year 2012.⁷
- The average number of Cambodians who obtained legal permanent resident status annually (2003-2012): 3,555.⁷

**Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”*

According to 2012 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their state of residence.

The percentage of the total number of legal permanent residents by state: ⁵

1. California - 30.0%
2. Massachusetts - 12.4%
3. Texas - 9.2%
4. Washington - 7.9%
5. Minnesota - 5.2%
6. Pennsylvania - 4.9%
7. Florida - 3.0%
8. Virginia - 2.7%
9. Illinois - 1.9%
10. Ohio and Georgia - 1.8%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- Cambodia is not among the top ten Asian and Pacific source countries from which immigrants apply for permanent resident status in Canada.⁸

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available to Eurostat (1994 – 2004) indicate that the majority of Cambodian immigrants to the European Union have migrated to Germany, Austria, Sweden and Switzerland.⁹

TUBERCULOSIS EPIDEMIOLOGY

CAMBODIA IS AMONG THE TOP 22 HIGH TB BURDEN COUNTRIES.¹⁰

Estimated Burden of Tuberculosis (2012):

Incidence: 411/100,000¹⁰

Prevalence: 764/100,000¹⁰

Reported Cases of TB (2012):

39,083¹⁰

Estimated Burden of HIV Infection (2013):

Estimated prevalence: 0.7 %¹¹

Low estimate (adults): 0.3 %¹¹

High estimate (adults): 1.5 %¹¹

UNAIDS Estimates 41,000-130,000 persons in Cambodia are living with HIV.¹¹

TB/HIV Co-infection (2012):

Estimated co-infection in Incident Cases: 4.34 %

Adults Ages 15-49 yrs:

– **Incidence:** 15/100,000¹²

– **Prevalence:** 715/100,000

LEVEL OF MULTI-DRUG RESISTANT TB:

- 1.4% of new TB cases are multi-drug resistant.¹⁰
- 11.0% of previously treated TB cases are multi-drug resistant.¹⁰

STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

Current treatment regimens include:

- **New smear positive patients are prescribed:** 2HRZE/4RH
- **Re-treatment:** 2HRZES/1HRZE/5RHE¹³

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 100% of the country's citizens are covered by DOTS.¹⁰

TB MEDICATION AVAILABLE AT NO COST:

☒ Yes¹⁴ ☐ No ☐ Information Not found/Unknown

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

☐ Yes ☒ No ☐ Information Not found/Unknown

Comments: For reasons related to such factors as trust, convenience, accessibility, cost, availability, and (most importantly) the ability to purchase drugs without prescription, the majority of Cambodians prefer to use private-sector pharmacies for problems ranging from simple to serious. This preference for care is important in planning interventions to address the country's TB situation.¹⁵

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

☐ Yes ☐ No ☒ Information Not found/Unknown

USE OF BCG VACCINE:

☒ Yes ☐ No

Approximately What Percent of the Population is Covered by the BCG Vaccine:

99% coverage (WHO estimates, 2013)¹⁶

Nicknames/Common Names for TB :

- Kheh Kheh (Dry Cough)¹⁷
- Kow-Owk Robeng (TB Cough)¹⁷
- "Lung Disease"¹⁸

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS

- Of the estimated 9 million people who developed TB in 2013, more than half (56%) were in the South-East Asia and Western Pacific Regions. Cambodia is among the high-burden countries¹²

Common Misperceptions Related to TB Etiology/Cause

- Perceptions of TB and cough are often a mix between traditional beliefs and current information.¹⁷
- Traditional beliefs related specifically to TB include:
 - TB is a hereditary disease.¹⁷
 - TB is a “hot” and “dry” disease caused by an imbalance of fluids in the body.¹⁷
 - TB occurs when people work too hard.¹⁷

Note: In Cambodian culture, a person is perceived to be sick only when he or she has symptoms; the concept of asymptomatic disease is generally not accepted.¹⁷

- Traditional beliefs related to illness in general are based on the idea of yin/yang or hot/cold in which sickness is caused by an alteration in the natural balance between hot and cold elements in the universe. According to these beliefs, the body’s balance and harmony may be restored through the intake of drugs, herbs and various foods.^{19, 20}

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- TB is transmitted through saliva.¹⁷

MISPERCEPTIONS RELATED TO DIAGNOSTIC/MEDICAL PROCEDURES AND TREATMENT OPTIONS:

- Procedures that are feared and not understood include blood draws, X-rays, and surgery.²¹
 - Cambodians believe blood drawing (venipuncture) is very painful and the removal of blood will make a person weaker because the blood is not replaced.
 - X-rays are thought to destroy red blood cells and lower life expectancy.
 - Cambodian clients may be extremely frightened of surgery since surgical interventions have been traditionally used only as a last resort.
- Cambodian clients may believe that TB treatment can be made inefficient by angry spirits.

CURES/TREATMENTS THAT MAY BE USED:

- There are many food-based remedies for illnesses in the Cambodian culture, though some are considered old-fashioned.²²
 - **Throat:** Some believe drinking a mixture of freshly squeezed lemon juice and honey that sat out overnight to collect the evening dew can cure sore throats.
 - **Chest:** Honey with wine is believed to be good for chest pain.
 - **Fever:** Bitter melon squeezed into water may be used to cure high temperatures; *congee* (a rice broth) with dried mudfish is also believed to lower body temperature.
 - **General health:** *Sadoa*, a bitter vegetable, is believed to prevent sickness.

USE OF TRADITIONAL HEALERS:

- Cambodians have often dealt with illness through self-care and self-medication. This behavior is related to their having access to most drugs over-the-counter at low cost, having few hospitals and physicians, and the high cost of Western medical care.²¹
- Traditional treatments that aim to restore the balance and harmony in the body are described below. Note, more than one treatment will frequently be used for the same health complaint.²⁰

Note: Cambodian clients may be hesitant to let Western medical providers know that they are using other forms of health care because they believe the provider will disapprove.²¹

Dermal techniques most commonly used include: Cupping, pinching or rubbing (also known as coining). These techniques are thought to restore balance by releasing excessive “air.”

Cupping: a cup is heated and then placed on the skin usually on the forehead or abdomen; as it cools, it contracts drawing the skin and what is believed to be excess energy or “air” into the cup; a circular ecchymosis (bruise caused by bleeding in the surrounding tissue) is left on the skin.

Pinching: Pressure is applied by pinching the skin between the thumb and index finger to the point of producing a contusion. This usually is done at the base of the nose, between the eyes, on the neck, chest or back.

– *Jup* (pinch) *kchall* is used to treat headache and malaise. The first and second fingers are used to pinch and thus bruise the bridge of the nose, neck or chest. *Jup* also refers to the practice of “cupping” or placing a small candle on the forehead, lighting the candle, and placing a small jar over the candle. The flame consumes the oxygen and creates a vacuum, thus causing a circular contusion. As many as three contusions may be seen on a person’s forehead.²³

Coining/rubbing: is usually performed on the same areas of the body as pinching and involves firmly rubbing lubricated skin with a spoon or a coin in order to bring toxic “air” to the body surface. In Cambodia, a form of “coining” is called *Kooi’ kchall*.

– *Kooi’* (rub) *kchall* (wind) is used to treat a variety of ailments, including fever, upper respiratory infection, nausea, weak heart, and malaise. A coin is dipped in Tiger Balm, “Monkey Holding a Peach,” Vick’s Vapor Rub or a similar mentholated medicine. The coin is rubbed in one direction (away from the center of the body) on the patient’s chest, back, and/or extremities.²³

Magico-religious articles such as amulets, strings, and Buddha images may be worn or kept close to a person.

- *Katha* (amulets or what appears to be a piece of string) are commonly worn around the neck by children or around the waist by adults.
- Some amulets include a small piece of metal inscribed with sacred words. Amulets are thought to attain their power from (a) prayers or incantations, (b) from the words inscribed in the metal portion, (c) from the material from which they are made, or (d) from other attributes.²³

Note: Traditional healers or herbalists (known as “kru-Khmer”) and laymen who arrange religious healing ceremonies (people known as “aa-jaar”) are respected and considered leaders in the community.²⁴

Stigma and Stigmatizing Practices Surrounding TB in this Country

- Among Cambodians, TB is often viewed as a frightening disease but not a stigmatized one.¹⁷
- The word “lung disease,” is less frightening to most people and may be used by Cambodians to describe TB.¹⁸

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- Discuss the rationale for treatment over a number of months, drug dosages, as well as expected medication side effects and those side effects that require medical attention in detail.
 - Cambodians expect drugs to relieve a problem fairly quickly and some individuals may believe they need to take medications only until they feel well again.

Note: Cambodian patients may independently decrease their dosages of a medication if they experience any side effects.²¹

- In the past the quality of drugs has been poor in some areas of Cambodia. It may be helpful to assure patients of the quality of the medicines that will be provided.
- If medications are not prescribed/dispensed during a visit with client explain the reasons for this.
 - Cambodians expect to receive medications when visiting a healthcare provider. If no medicine is dispensed, they may feel they were not provided adequate care and search for another provider.²¹

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS:

Cambodia ranks 56th globally in the total people living with HIV/AIDS²⁵

**** DEFINITION:** An estimate of all people (adults and children) alive at yearend with HIV infection, whether or not they have developed symptoms of AIDS.

- HIV prevalence is substantially higher for certain most at risk populations (MARPs), however. The most recent HIV prevalence among MARPs based on various studies are:

- Men who have sex with men 2.1%
- Female entertainment workers 13.9%
- People who inject drugs 24.8%
- Transgender people Not available
- Prisoners Not available²⁶

– Men’s visits to sex workers have led to the spread of HIV/AIDS in the heterosexual population. Husband-to-wife infection is now the major mode of transmission.

One third of all new HIV infections are from mother to child.

- Estimated rates for male and female commercial sex workers range from 30 to 60% HIV positive.²⁷

Common Misperceptions Related to HIV/AIDS Etiology/Cause

- Some Cambodians believe in the presence of spirits and spirit possession as a cause of illness. Illness may also be the result of:^{19, 24}
 - Evil spells cast by another
 - Mistakes made in various rituals that take place over the course of a person's life
 - A neglect of rituals.

Note: As indicated previously, in Cambodian culture a person is perceived to be sick only when he or she has symptoms; the concept of asymptomatic disease is not generally accepted.³

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Getting tattoos.²⁸
- Cutting nails (manicures and pedicures) or the use of razors.²⁸
- Dental work and surgery.²⁸
- Sores (wounds).²⁸
- Cultural beliefs and gender dynamics have driven the epidemic in Cambodia. For men, extra-marital sex is relatively acceptable and women find difficult to ask their husbands to use condom.²⁹

CURES/TREATMENTS THAT MAY BE USED:

- Cambodian males may believe that having sex with a virgin will cure HIV/AIDS.²⁹
- Cambodian patients may visit a healer, monk, shopkeeper or pharmacist to seek treatments such as cupping, intradermal rubbing with herbs, cauterization, faith healing or Chinese herbal medicine. (See Cures/Treatments that May be Used for Tuberculosis)^{2, 3}
- Cambodians who have immigrated may also use the traditional medicines with which they are familiar. These medicines are often made from plant roots, tree barks and animal bones, and are believed to cure a wide variety of illnesses, including AIDS. Traditional medicines may be found in ethnic grocery stores or are sent by friends or family living in Cambodia.²⁴

STIGMA AND STIGMATIZING PRACTICES

- In Cambodia, stigma surrounding HIV/AIDS persists at household and community levels. The discrimination HIV positive patients and their families face often stems from fears of infection, illness, and death.³⁰⁻³²
- Denial, ignorance, and intolerance related to male-to-male sexual behavior are prevalent in Cambodian society. Consequently, the population of men who have sex with men remains relatively hidden and their educational needs, concerns, and sexual health problems are neglected.²⁸

IMPORTANT HIV EDUCATION POINTS:

- Provide basic HIV education that addresses misperceptions listed above as well as the misperception that a healthy looking person cannot have HIV/AIDS.²⁸
 - Discuss all forms of HIV transmission. HIV/AIDS specific education in Cambodia often focuses on penile-vaginal sex and the prevention of heterosexual transmission.^{28, 33}

Note: Counseling offered by a trained or licensed counselor is an alien idea to Cambodians. In Cambodia, when advice is needed, it is often sought from a monk or traditional healer/herbalist.

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- A smile and slight bow of the head is regarded as a respectful greeting.²⁰
- Cambodian men will shake hands; however Cambodian women do not shake hands with one another or with men.²⁰
- Cambodians traditionally greet each other by placing their hands, with palms together and fingers pointing upward, near their faces and bowing slightly. This is called *Som Pas*.²⁰
 - When meeting, Cambodians will *Som Pas* and say *Choum Reap Sur* (Hello).
 - When departing, again they will *Som Pas* and say *Choum Reap Lir* (Goodbye).
 - Cambodians use *Som Pas* for greetings and to display respect. Generally, the higher the hands and lower the bow, the more respect is being shown.
 - It would be impolite to not return a *Som Pas*; as this is the equivalent of rejecting an offered handshake in Western culture.
- Speaking in a loud tone with excessive hand gestures is considered rude, particularly if the person speaking is a woman.

Is there a need to match client and provider by Gender?

☒ Yes ☐ No ☐ Information Not found/Unknown

Comments: Cambodians are not accustomed to touching, especially those of the opposite sex.^{19, 20} Female patients prefer to see female doctors or health staff.¹⁴

FAMILY

- In Cambodia the nuclear family is more common than the extended families found in other Southeast Asian cultures. However, married children may continue to live in their parents' home for one to two years after marriage.²⁰
- The husband is considered to be the primary decision-maker in families, at the same time the wife is highly respected and in some ways is the leader of the family. Generally a wife will handle the family's financial matters and is primarily responsible for the social and moral education of children.^{19, 20}
- In Cambodia, grandparents are obligated to take care of their grandchildren in the home while the children's parents work. Subsequently, the source of infection for many children may be their grandparents.¹⁸

CULTURAL VALUES:

- Cambodians view a friendly demeanor an important part of good health services.¹⁸
- Healthcare staff should avoid sitting or standing at a level more elevated than an older person.¹⁹
- When seated a healthcare provider should not point their feet towards a client – the feet are considered the most inferior part of the body. In the event a healthcare professional's feet or shoes touch a client, an apology will be expected. This may be accomplished by saying "sorry."¹⁹
- Except when conducting a physical exam, avoid body contact with patients (particularly touching between men and women).¹⁹

COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL):

- When communicating, sparing a person's feelings is often considered more important than the truth. In an effort to avoid confrontation or disrespect, many Cambodians will not verbalize disagreement. Instead they may avoid answering a question. Thus, a smile should not always be interpreted as happiness or agreement.¹⁹
- In Cambodia, it is not polite to have eye contact with someone who is older or someone who is considered a "superior." Consequently, patients from Cambodia may avoid making eye contact with healthcare professionals. Thus, a lack of eye contact should not necessarily be interpreted as a sign of embarrassment, disagreement or a lack of interest in what is being said.^{19, 20, 24}
- Summoning a person towards you with a hand or finger in the upright position or pointing a finger at a person is considered offensive. To summon a person, the only appropriate hand signal is to move the entire hand towards the body with the fingers pointing downward.^{18, 19}

The following gestures may also be considered inappropriate or offensive to a patient from this country:

- It is very insulting to touch an individual's head. Additionally, if a person were lying down it would be impolite to move past the person by walking by their head. The head is considered the most important part of the body and the place where the spirit is found.¹⁸
- Feet are considered the lowest in value of body parts and thus it is insulting to point them at someone. While someone is lying down, it is impolite to step over their feet and legs.²⁰

DIET AND NUTRITION:

- Food preferences are commonly practiced during an illness.
- **Popular foods:** The Cambodian diet is based largely on fish and other seafood, vegetables and fruit.²²
- Rice is a component of all meals, accompanied by a fish or meat stir-fry or soup. A variety of fresh, cooked or pickled vegetables are also consumed. Soups often contain a mixture of vegetable and meats.²²

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH):

BROCHURES AND FACT SHEETS

General Disease Information

- Tuberculosis (TB) Awareness and Treatment ECHO-TV Program

<http://www.echominnesota.org./km/library/tuberculosis-tb-awareness-and-treatment>

Treatment

- **Pills to Prevent TB: For You and Your Family!**

<http://ethnomed.org/patient-education/tuberculosis/camb-aapcho-tbpills.pdf>

- **Medication for Treatment of Tuberculosis**

<http://ethnomed.org/patient-education/tuberculosis/tb-meds-camb.pdf/view>

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

Educational materials translated into Khmer or French that can be downloaded from the world wide web:*

General Disease Information

- **HIV Patient Fact Sheet**

http://www.mhcs.health.nsw.gov.au/publicationsandresources/pdf/publication-pdfs/6725/ngo-6725-khm.pdf/at_download/file

- **HIV/AIDS Your Questions Answered**

[http://www.hawaii.edu/hivandaids/HIVAIDS%20-%20Your%20Questions%20Answered%20\(KhmerCambodian\).pdf](http://www.hawaii.edu/hivandaids/HIVAIDS%20-%20Your%20Questions%20Answered%20(KhmerCambodian).pdf)

- **Effects of HIV/AIDS**

http://www.mhahs.org.au/index.php?option=com_content&view=article&id=244&Itemid=670&lang=en

- **Pregnancy and Me**

http://www.fpnsw.org.au/khmer_pregnancy___me_1.pdf

- **Common Terms**

http://www.mhahs.org.au/index.php?option=com_content&view=article&id=284&Itemid=820&lang=en

- **Why HIV testing is important for you**

<http://spiral.tufts.edu/khmer.shtml>

- **Living with HIV/AIDS**

http://www.mhahs.org.au/index.php?option=com_content&view=article&id=262&Itemid=730&lang=en

- **Testing for HIV**

http://www.fpnsw.org.au/khmer_testing.pdf

Treatment

- **Health and HIV Treatments**

http://www.mhahs.org.au/index.php?option=com_content&view=article&id=253&Itemid=700&lang=en

**Please note that this resource list is not all inclusive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org*

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Staff-to-Staff Tips and Insights

Do you have experience working with clients who were born in this country?

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