Seven health workers' experience of promoting child health in Cambodia
A qualitative study

Ann-Margreth Göransson
Eivor Johansson
Essay title: Seven health workers' experience of promoting child health in Cambodia - a qualitative study

Author: Ann-Margreth Göransson and Eivor Johansson

Topic: Health Sciences

Level and credits: Master level, 15 credits

Course: Graduate Diploma in Specialist Nursing, Primary Health Care

Supervisor: Britt-Marie Halldén

Examiner: Kristina Nässén

Summary

Cambodia is one of the poorest countries in Southeast Asia, many people suffer from impaired health after all the years of war. The purpose of this study is to describe health workers' experience of promoting child health in Cambodia. The study was performed according to a qualitative approach and consists of interviews conducted with health workers who work in government, NGOs and the private clinic. Interviews and text material was analyzed by qualitative content analysis. The results show that at the state level are given opportunities to work health promotion in order to influence children's health and at the practical level turns out, however, limitations in the form of various health obstacles. The result can be used to discuss what can promote and restrict children's health. Health workers believe that it is important to invest in that all children should have the opportunity to go to school and that education leads to one of the fundamental rights, the best possible health.

Keywords: Child health care, Cambodia, education, coinrubbing.
INTRODUCTION

During our training for district nurses we came into contact with the Minor Field Studies (MFS) which is a scholarship funded by the Swedish International Development Cooperation Agency (SIDA). The purpose of the scholarship is to increase knowledge and interest in international cooperation and give students the opportunity to learn more about other countries and thus have a greater international understanding (International Programme Office, 2012). Both authors already have an interest in working abroad. MFS scholarship meant that we now had the opportunity to gather material for our master thesis in a developing country. Cambodia is one of the world's poorest countries and this country aroused our interest.

In Cambodia, poverty is widespread in rural areas and among children, who account for more than half the country's population. Many live below the poverty line with limited access to money, food, education and health. The last three decades have been a political concern, because of the war that has been in the country resulted in social and economic problems for the population. Access to health care is inadequate for many families due to financial difficulties and lack of knowledge (The Starfish Project, 2012). The purpose of this study is to describe health workers' experience of promoting child health in Cambodia. What possibilities and limitations manifested in the practical work with children?

BACKGROUND

The global health for children

The United Nations Charter (UN) on the Rights of the Child defines a child as "every human being below 18 years." From the UN General Assembly, UNICEF (United Nations Childrens Fund) has mandate to work for the rights of children so their basic needs are met, and work to broaden their opportunities. They are working to improve children's economic and social conditions, such as that every child in the world has access to clean water, healthcare, food, education, assistance in disasters and protected from violence and abuse (UNICEF, 2009). At the UN Millennium Summit in 2000, the Cambodia and 188 Heads of State and Government adopted the Millennium Development Goals. These eight goals are to halve world poverty, achieving universal
primary education for all children of the world, increasing gender equality and empower women, reduce child mortality, reducing maternal mortality, halting the spread of HIV / AIDS (Human Immunodeficiency Virus) and other diseases, ensure environmental sustainability and develop a global partnership for developing countries by 2015 (Swedish United Nations Association, 2010).

Cambodia

Cambodia is one of the poorest countries in Southeast Asia with a population of about 13.4 million people (WHO, 2010). The country became independent in 1953, is barely half the size of Sweden, and about nine in ten Cambodians belong to the majority Khmer people. Approximately 70% of Cambodians work on farms in catering and urban areas, it is mainly factory work, domestic work, street fairs, etc. The country's population is young, just over a third of the population is younger than 15 years and only three percent are older than 65 years (Institute of International Affairs, 2011). The democratization process continues slowly in Cambodia, decades of civil war have left deep scars in the form of weak political, social and economic institutions and widespread poverty. The country faces major challenges such as dealing with corruption, create a rule, establish a democratic culture, to create jobs and diversify the economic base, manage the climate and environmental issues, reduce the growing inequality and health issues. Cambodian government in 2006 adopted a new poverty reduction strategy, the government's efforts to meet the MDGs is reflected in the strategy (Ministry of Foreign Affairs, 2008). Just over a third of the population lives on less than a dollar a day and struggle to survive (UNICEF, 2006; Foreign Affairs, 2007). The Government now prioritize to improve public services and fight corruption. Significant investments have been made in health, education, agriculture and rural development and have a direct impact on the Millennium Development Goals. Expectations are that the objectives are to be met in 2015 (Royal Embassy of Cambodia, United Kingdom, 2011).

A major problem in Cambodia is the lack of trained people since the Khmer Rouge in the 1970s shattered the school system, a whole generation grew up without learning to read and write. There is a lack of schools, educational materials and trained teachers.
today and the quality of education is low (Foreign Policy Institute, 2011). According to Lasater, Upvall, Nielsen, Prak & Ptachcinski (2012) the country, in the 1970s, lost many who were educated in the care, mentors and leaders who had facilitated the development of skills for those currently working in nursing. An opportunity for training and development of the country has come true through cooperation and global partnerships, leadership and academically trained nurses. According to the government, the number of new schools, universities and training centers increased, resources should be expanded in rural areas so that more children have the opportunity to go to school (Royal Embassy of Cambodia United Kingdom, 2011).

The global campaign, Education for All (EFA), has been the driving agenda, and much progress has been made over the past 10 years even if it was from a very low level. One of the government's main goals now is that more and more children undergo primary school, which also takes place, but unfortunately 50% do not complete the first six years (SIDA, 2011). One reason among others is that they have to help provide for their families and that informal charges are charged, only a quarter go on to high school (Foreign Policy Institute, 2011). UNICEF has also started child-friendly schools aim to give all children a safe and caring environment (UNICEF, 2010). Cambodia is still in great need for foreign aid and about half of the national budget consists of assistance (U.S. Department of State, 2011). In Cambodia, there are several non-governmental organizations working in the country, which seem nonprofit and examples of this include M'Lop Tapang and Help the Cambodian Children (Help the Cambodian Children, 2012; M'Lop Tapang, 2011).

Health in Cambodia
Many people in Cambodia suffer from a generally impaired health after all the years of war and terror. In the public health system, the people themselves pay medical costs and these average closer to a third of a family's income. Cambodia signed the UN Convention on the Rights of the Child in 1992 and then the conditions for children to survive and have their basic needs met have improved, but in a regional comparison, however, the infant mortality rate is high. The Cambodian Constitution guarantees the poor people the opportunity to medical advice, but in practice there are not many
hospitals and even fewer that provide free advice. The expansion of health care is slow and access is the worst in rural areas where most and poorest people live. Of the poorest people in rural areas less than ten percent have access to clean water and the total in the country, it is almost 40% (Ministry of Foreign Affairs, 2007).

More than one in three children under five suffer from malnutrition, and maternal and infant mortality is high (Foreign Policy Institute, 2011). In 2005, 437 mothers died per 100,000 and 66 children per 1000 in connection with childbirth. According to the government, these are too high mortality rates and the government believes that more needs to be done in the health sector to achieve the MDGs in 2015 (Royal Embassy of Cambodia United Kingdom, 2011). A report shows that death rates have decreased for children under the age of 5 years. In 2010, the death rate dropped from 83 children to 54 per 1,000 live births compared to 2005 (Ministry of Health Cambodia, 2010).

An important part of preventing child deaths, is access to clean water and sanitation (UNICEF, 2005). Lack of vaccination, diarrhea, infections and accidents are other serious threats to children. Vaccination campaigns in Cambodia have helped small outbreaks of measles, tetanus and Hepatitis B, the country is now free from polio since 2000 (UNICEF, 2006). Annually UNICEF buys and delivers vaccines to children in some 100 countries, immunization to prevent diseases such as diphtheria, measles, whooping cough, polio, tetanus and tuberculosis. This is an important part in improving the wellbeing and health of children (UNICEF, 2008). Major investments have also been made to control the spread of HIV / AIDS through counseling, testing and training programs. Antiretroviral therapy is now given to a large number of HIV-infected adults and children (UNICEF, 2006).

Soeng, Grundy, Kamara, McArthur, Samnang, (2007) have reviewed the national immunization program to illustrate how the vaccination coverage in Cambodia can be improved. A survey in 2009 shows that the availability of vaccines has increased the opportunities to reduce deaths among children in Cambodia (Touch, Grundy, Hills, Rany, Samnang Khalakdina, Jacobson, 2009). According to a study by Hong & Chhea (2010) done on children aged 1-5 years, it turns out that the vaccination program
contributed to improvements in the diphtheria, pertussis and tetanus. More children are now vaccinated against childhood diseases, which has meant that it is easier to achieve the Millennium Development Goals. The authorities have also managed to curb the HIV epidemic, but most newly infected are women and their children (Ministry of Foreign Affairs, 2008).

Infectious diseases predominate in the country and the WHO (World Health Organization) has staff throughout the country in order to control and monitor action on communicable diseases, non-communicable diseases, health of children and mothers, diet and environment, and emergency and humanitarian assistance. A new "WHO Country cooperation Strategy" also supports "The new Government's Health Strategic Plan" 2009-2015 in Cambodia. In 2010 and 2011, the WHO and the government have several common objectives of reducing morbidity, mortality, improve health during key stages of life such as in pregnancy, childbirth, infancy, childhood, and improve sexual and reproductive health. WHO is also supporting the country through various programs to address the underlying social and economic determinants of inequalities in health, such as poverty, human rights and so on, and also works with the country's environmental issues to promote a healthier living environment (WHO, 2010).

**Health science perspective**

According to WHO and UNICEF child health care shall protect, promote and support all children, which will lead to optimal health and is one of the fundamental rights of every human being. This strategy is not only a responsibility of governments, but also international organizations, NGOs and other stakeholders (WHO, 2012). Other stakeholders are the health workers who meet children and parents, and who will work for these rights. No studies describe the health workers' experiences. In Cambodia, health workers are employed in both governmental, non-governmental and private organizations to work with these fundamental rights. To get an idea of how different organizations and strategies work in practice, health workers’ experience can bring important knowledge, that is, people's experiences of everyday life, the life-world perspective is taken to be (Dahlberg, Segesten, Nystrom, Suserud and Daylight Berg,
Health Workers' daily work can be an important complement to the policies and different organizations of health care works.

PROBLEM

Many children in Cambodia have a compromised health status which may be due to a lack of vaccinations, access to clean water, lack of nutrition, diarrhea, infections and accidents. With these problems in mind, and with the support of WHO's goal to improve health during key events in life such as infancy and childhood in Cambodia, we wanted to seek knowledge about how health workers actually work to promote children's health. This is to increase our understanding of intercultural experiences to promote the health of children in Cambodian culture. Today there seems to be a lack of research on the health workers' own experiences in order to improve children's health. How do health workers support children's health and wellbeing?

AIM

The purpose of this study is to describe health workers' experience of promoting child health in Cambodia.

What opportunities and limitations manifested in the practical work with children?

METHOD

Approach

To describe health workers' experiences of promoting children's health was elected a qualitative research approach with interviews as data collection method. Interviews can, according to Kvale & Brinkman (2009), be used to understand a problem from the interviewees' own point of view and make sense of their experiences. Dahlberg, Dahlberg and Nystrom (2008) suggest that the number of respondents needed depends on the survey's purpose. The material from the data collection has been processed based on a qualitative content analysis with an inductive approach. In an inductive approach according to (Lundman & Häggren Granheim, 2008), an unbiased analysis is used, where the analysis is based on texts that are based on people's stories about their
experiences. Qualitative research is deleted from a caring science life-world perspective with an openness in the meeting to capture the individual experiences (Dahlberg et al., 2003). Qualitative content analysis was chosen as the method of analysis because it can be adapted to different purposes and the researcher's experience and knowledge. It can be used to examine and interpret texts of taped interviews. A text to be analyzed should be seen in context, which means that the interpretation of the interviewee's stories should be made with an understanding of their personal history, living conditions and the prevailing culture (Lundman & Hällgren Granheim, 2008). In the study, questions on what are the possibilities and limitations in the practical work with children have been central.

Selection
The study was planned to interview seven to eight nurses who worked with child health in Cambodia. After a few weeks' stay in Cambodia was discovered that several different professions such as nurses, doctors and teachers have important roles in promoting children's health, therefore these health workers were interviewed. The selection was altered to get a broader perspective of experience. Health workers were selected from representing governmental organizations, non-governmental organizations (NGOs) and private clinics, and that they represented three doctors, two nurses and two teachers. Eight interviews were performed of three men and five women. At the first interview, it was discovered that the questions posed were difficult for health workers to understand, there was even difficulty for scientists to explain what was requested and was perceived not adapted to the culture of Cambodia. This interview was handled as a sample interview and is not included in the results. The questions were reworded to highlight what are the possibilities and limitations in the practical work with children. According to Dahlberg et al. (2008) it is recommended to start with five interviews. After that it is the variation in the data that determines how many additional interviews are needed. By the aim it was judged that seven health workers were enough to answer the questions and capture variations in the data set.
Data Collection
Qualitative interviews were chosen as a data collection method in order to generate knowledge where the form of conversation is crucial and should be about a common interest (Kvale & Brinkman, 2009). This method was chosen and eight interviews were conducted to gain knowledge of health workers' experiences. During the planning of the data collection, the authors conversed and reflected on the importance of their own prior understanding for the data collection and the use of an interpreter during the interviews. Kvale & Brinkman (2009) points out that the interaction with the interpreter from a foreign country with a different culture, it is important to make sure that other norms prevail in respect of initiative, spontaneity, a way to express themselves and ask questions and so on. Non-linguistic elements, such as gestures are pointed out to provide cross-cultural misunderstandings since the importance of gestures may be different in another culture.

Participants were collected using two correspondents who had a good knowledge of English. All health workers were contacted in advance by the contact persons and were asked to participate and were informed about the purpose of the study. Time and place agreed for the visits and all interviews were conducted on the health workers' jobs, in a secluded room. Interpreters were contacted when health workers could not communicate in English. The purpose was described, written information and consent for the study was provided and signed by health workers, Appendix 2. Health workers were allowed to keep a copy of this document. The interview questions were compiled in an interview guide, Appendix 1. Interview guide started with an open main question to open up the conversation and so the participants would be able to freely talk about their work. Thereafter two targeted questions were asked about the possibilities and what the restrictions were in the practical work with the children. Tape Recording was performed with the permission of the health workers. Interview approximately 30-45 minutes.

Data Analysis
During the analysis interviews of the various professions were treated as one group of health workers. The interviews were transcribed the same day or the next few days by
the authors and according to Lundman & Häggren Granheim (2008), this is an advantage when the interviewer gets a sense of how the language used in the interview. Kvale & Brinkman (2009) writes that researchers who print their own interview texts already restart the analysis at this stage and then get with it both emotional and social impressions from the interview. Transliteration of the interviews were facilitated by the authors themselves conducted the interviews and thus had a certain feeling for the language. The texts were read by the authors several times to get a complete picture and understanding of the texts. Preconceptions, according to Lundman & Häggren Granheim (2008) have significance in qualitative research as an interview can’t be seen as independent of the researcher because of his participation in the interview leads to co-creation of the text. In the process of interpretation is seen as a crucial aspect. The authors are in the process of the study aware that their own preconceptions may influence data collection and analysis process. The text itself doesn’t, according to Lundman & Häggren Granheim (2008), have a given meaning, but it gets its meaning by the reader, and several interpretations are possible and can apply even if they are different. Words, sentences or whole paragraphs associated with its context or content of Lundman & Häggren Granheim (2008) meaningful units. The authors highlighted individually meaningful units that were able to answer the purpose of the study and provide answers to the questions formulated. The authors compared and reflected along the selected meaningful units which are then condensed, which is intended to shorten the text without the key in the text disappearing. To enhance reliability, both authors worked together and during the course of discussing the analysis in order to achieve consensus in the interpretation of texts. According to Granheim & Lundman (2008) this approach reinforces the reliability of the results of qualitative research. To abstract a code means according to Lundman & Häggren Granheim (2008) to highlight the meaningful unit to a "higher level". The inductive approach in the analysis involved examining the meaningful units and codes based health resources and health obstacles (Wiklund, 2003). The codes which illustrated the same content were identified as health resources and health obstacles. The health resources that appeared were interpreted as health promotion. Based on this approach emerged thus two main categories, health promotion and health obstacles with nine subcategories.
Ethical considerations

According to Kvale & Brinkman (2009) you should, at the beginning of an interview, consider the ethical dilemmas that may exist with respect to how informed consent, confidentiality, impact and role of the researcher should be handled. Therefore the health workers in the study received information about the purpose of the study and that participation was voluntary and that they could at any time withdraw their participation without having to give any reason for this in that case. Health workers were also informed that the collected materials would be stored so that unauthorized persons do not have access to this material and it would be used only for the research.

RESULTS

Data analysis resulted in two categories and the nine subcategories as shown in Table 1. The results are illustrated with quotes to prove credibility. After each quote follows a number that indicates the health workers interviewed.

Table 1. Categories and sub-categories.

<table>
<thead>
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<th>Subcategories</th>
<th>Category</th>
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<td>Immunizes</td>
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<td>Informs, educates and teaches</td>
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<td>Reliance on traditional healers</td>
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<td>Lack of understanding and illiteracy</td>
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<td>Inaccessible rural areas</td>
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<td>Poverty</td>
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Health promotion and health obstacles

The result shows health promotion and health obstacles in the practical work with children to promote children's health. Health workers in the study work in governmental organizations Public Care Center and the Public Hospital Care Center, non-governmental organizations (NGOs) and the private clinic in an area in the southwest of Cambodia.

Health promotion

Immunizes

The free national immunization program described consists of vaccinations against diphtheria, measles, whooping cough, polio, tetanus, tuberculosis, hepatitis B and Hib. In connection with the birth, all children are offered vaccination against tuberculosis and hepatitis B if the birth takes place in state hospital or private clinic.

The experience is that most parents, after being offered, seek out and governmental organizations, and NGOs, so-called NGOs and private clinics for their children to be part of the continued national immunization program. The children are not called for vaccination and therefore there are children who do not complete the vaccination program.

On the governmental organizations Public Hospital Care Center and Public Care Center nurses documenting vaccinations, but if the child doesn’t show up, it is explained that they might have moved and the nurses are not responsible for a follow-up. The national immunization program is free, but the experience is that parents provide financial compensation directly to the nurses on these units to compensate for their low salaries:

“*All parents have to come here with their childrens, vaccination is free under the national immunization program*” (6)

"*Many parents giving money to the nurses, as their salary is small*" (1)

The NGO offered free vaccinations under the national immunization program and they have good control of their vaccinations:
"We give vaccinations, it's free for all in Cambodia....we work for the national program, we follow the national immunization program" (3)
"In this book we have all information about our clients, pictures, address, we have everything.....if they don’t come today so we can contact” (3)

The experience is that parents with financial resources seek out private clinics, where they have access to vaccinations in addition to the national immunization program and opportunities for a better service for payment:

“In government it’s free but in our clinic private clinic pay but not expensive only very cheap, very little. Because they don't pay for the vaccine, only for the service” (4)
“In private clinic like my clinic or other clinics we have some more vaccine, no free” (4)

Examines, treatment and document

According to health workers free medical examinations, tests and medical treatments for children and their families are only offered in the NGO's activities. Family members are recorded, investigated and treatments are documented:

"Check them about everything and what disease they have and then they come here to get medicine.......here writing on the signs, symptoms, everything, diagnoses, infections like this one and medications” (3)

Health workers' experiences are that government organizations offer examinations and treatments for expenses and the experience is that parents with financial resources primarily seek out private clinics.

Experience is that many children in the area have poor dental status and free dental care is only offered in the NGO's activities, not in government organizations. Health workers hand out toothbrushes, teach how to brush their teeth and also monitor how children manage their oral hygiene. The NGO organizes health workers so that the children get the opportunity to fix their teeth on the resources and opportunities available. The
experience is that some dentists work with financial compensation and some come from other countries as volunteers:

“And we have dental, so we provide also medical care for teeth, like mouth health and teeth health, so our children every day we check up and make cleaning every day, one nurse, one assistant and one hygienist, she can clean the teeth, education about use the toothbrush and clean the mouth. She send them to me with problem and I treat them” (3)

NGO conducts hearing care in the area, according to health workers children who have problems with infections or hearing loss receive free help with treatments and hearing aids:

“check ears, so we send there some of our children every three months” (7)

Health workers in the NGO help children with annual eye exams, and HIV-positive patients also receive follow-ups:

“We try to make some prevented examination so the children at least once or twice a year, they go to one eye-clinic. Mostly aids-positive they want to check them again” (7)

Antiretroviral drug treatment and testing for HIV-positive people are free in Cambodia, but health workers in the NGO support children in their treatment when there is limited medical resources:

“We have to control everything. Every month we examine the children AIDS-positive children, I weigh them and take their high, according the number, I must control if the dosage of the treatment so it’s really okay or not. We take them blood every month, we take blood here, we control and we know if the treatment is okay, if the children is okay, if anything is wrong, discussing to doctor who is responsible for the treatment” (7)

Children who do not develop normally are, according to health workers at the Public Hospital Care Center and the Public Care Center, sent to the State Hospital:

“If children don’t developed normally, we will send them to hospital” (5)
Within the NGO's activities the children are examined and children who are malnourished or do not follow a normal development are given treatment:

“They come here first, then to meet and hear, we check everything and make diagnosis” (3)

The experience is that health workers in NGOs seek out children in their homes, and whether children are in need of examination and treatment and also if they do not come to a follow-up treatment:

“In this book we have all information about clients for example pictures, we have all things, address. If they don’t come today, so we can contact …..and make an assessment, come and give him medicine and so on. How many times he comes to the clinic, follow up new cases, we don’t miss, she could not come today, so if she cannot come, we will visit her at home” (3)

Informs, educates and teaches

When children are vaccinated at Public Hospital Care Center and Public Care Center a health workers' experiences are that parents sometimes but not always receive information on how important it is that children are breastfed, what to do when the mother's milk dries up, when they should start with regular diet and the diet children need to thrive and gain weight:

“The parents informed about breastfeeding and nutrition for children” (5)

Within the NGO's child health, parents also learn about why their child is sick, how the disease can be prevented, how infection can be prevented and the importance of hygiene. NGO also conducts health education for children within their own operations and in part out of public schools:

“We educate the parents in health….and mostly we have one health educator, every month she teach all children who are study here and they who are study at the community also. We have to teach them everything about the health. How to prevent, about the body, about hygiene, to prevent illness, also we have a nurse, she always go to the Community there we...
provide medical care, education and prevent illness. So, that is the way we prevent illness”(2)

According to health workers, there is information, training and education in child care at the private clinics, but it is limited to those parents who have the financial capacity:

"First is education the vaccinations, second is health education when patient is here come all every we take time sometime talk about one thing next time another thing, they pay for the service” (4)

Health workers' experience is that education for mothers and access to the school for the children is the most important. This will eventually be able to promote better child health and a better future for the children:

“Higher priority for education, put it in school, teach the children step by step and good education for mother....and we have the target to cut off the mortality rate in children less than five year, we have the target the government must to do” (2)

“I think it can be better, may be...the Government also, they become develop the country so the poor children go to school, got education, high education, so it can be better” (2)

**Distributes food to the poorest**

Health workers' experience is that families' diet consists largely of rice and a bit of meat and vegetables. The poorest families are described as having difficulty getting access to food at all. According to health workers, many children are malnourished, particularly young children under 10 years. Health workers in NGO distribute nutrients in the form of nutritious food, clean water and vitamins to children in schools, in various daily activities and accommodation:

“The food, we have to support them, so if they not have food they will be sick....if they weigh are low, malnutrierade, we give them vitamins. May be more than 60%, especially small children, not teenage, mostly under 10” (2)
Provides care to children when parents lack the resources

Health workers describe various daily activities and accommodation in the NGO where children have the opportunity to nutritious food, supervision, education, hygiene, examination and treatment. Some daily activities and transport in the form of collection and return of the home and also accommodation when parents are unable to care for their children:

"We have two another center, residence center, the children don’t can stay at home, violence, they can stay on the residence over the night. We have one for the girl and one for the boy. So we provide three meals a day. But mostly the children come here a day, in the morning we pick them up from their house and in the afternoon we bring them back” (2)

Health Obstacles

Reliance on traditional healers

Reliance on traditional medicine in the form of coining has a long tradition in Cambodia, according to health workers and used for ill health in children. Coining is performed by a coin-like object that is scraped against the skin to achieve normal circulation and metabolic processes. Tiger Balm, other creams or oils are used and also gasoline. Health workers' experience is that parents see an opportunity to treat their children for various diseasess, while that for health care can be a barrier to health that children are not getting the care needed in time. Health workers tell parents over and over again that it is not good for children to be exposed to this procedure, but they feel that tradition and habit is stronger than the information and advice given by them:

“Coining, it’s very old, perhaps hundred years ago, even my parents still doing so. Always when we see the coining on the body on the child, we tell them it’s not good for them, especially the small baby, we must tell them why and it’s not good for the baby, Coining have not any treatment. We have to tell again and again, not do it again” (2)
Lack of understanding and illiteracy

Illiteracy is described by health workers as a health barrier for parents to be able to acquire knowledge about various health measures they can take to improve children's health. Reasons for illiteracy are that the quality is low in state schools because of large classes, lack of trained teachers, lack of schools and books. The public school is free, but it is often the case that parents have to pay various fees to the school:

“It’s a problem, the most parents can’t read, even a number, can’t read at all, if they not can read they can’t remember what we told them” (2)

Health workers' experience that there are problems with the use of antibiotics as this is readily available to buy without a prescription from pharmacies. Parents buy antibiotics without prescription, although doctors have advised parents to wait and come back if the child is worse. Health workers experience this as frustrating especially when the poor do not have the knowledge or do not take in information of the risks of antibiotic resistance. Sometimes parents themselves treated their children with antibiotics when they come for help with infections that are not cured and health workers' experience is that it often requires stronger antibiotics:

“Can go to the pharmacy and buy antibiotics, this one is a problem, make resistant. Tell the people to wait, some people understand, some, especially the poor people, they not understand” (4)

A large part of the families in the area, for example, have no access to or economic opportunity to purchase fresh water. Experience is that they collect water in various containers, such as rusty tanks. Health workers feel that the lack of knowledge that can be harmful both to drink and to wash themselves in the collected water, which is also a source of diarrhea:

“….they collect water and they drink the water from the rusty oil tanks, and they put their hands in it, wash their hands and they drink from that water. They wash their hands but not from clean water” (1)
Health workers' experience is that parents because of ignorance do not seek medical care for infected mosquito bites and worm attacks, and thus, the children are not treated for these infections:

“They have infested with worms or infested with mosquito bites and nobody cares about that, the parents don’t take them to me or to the doctor. I said it’s not normal to have infested with worms and not do something about that” (1)

Inaccessible rural areas

The fact that many families live in remote rural areas means that all children are not reached by vaccination even though vaccinations are free of charge. The interviews reveal that parents lack the knowledge that children can be vaccinated and health workers in government organizations do not call the kids and they do not seek them. Parents of children who live in rural areas, according to health workers are unable to take the kids to various Care Centers in order to get access to the free vaccinations.

“Vaccinations, I am not sure because some children who lives in the forest we can’t provide” (3)

Poverty

Difficult conditions where poverty is described characterize many parents every day. The children living in these families learn to help with various work tasks early in life and health workers' experience is that they often have to stay home from school to work:

“Many start school, but quite after few years, poor children in families, have to work. It’s a problem, the most parents can’t read, even a number, cannot read at all” (2)

Although many families are poor health workers describe that parents purchase unhealthy food and sweets instead of eating fruits and vegetables. Health workers describe that coconut contains many important nutrients, but are not used to any great extent. Unbalanced diets are common, and rice is the main food intake among the poor.
Health workers' experience is that in the area there is access to fruits and vegetables and that there is an opportunity to meet the need for intake of fruits and vegetables, but the overall lack of knowledge among parents that they should be able to use these:

“they don’t eat enough, their diet is really poor, they mainly eat rise, a big part of white rise, than a little bit of fish and may be sometimes a little bit of vegetables, but not much” (1)

DISCUSSION

Method Discussion
In order to collect data a qualitative interview methodology was used because, according to Kvale & Brinkman (2009), it seeks to understand the lived everyday world from a health worker's perspective and that the method creates opportunity for people to talk about their life-world in their own words. To obtain as rich a data material as possible was selected health workers from both government organizations, non-governmental organizations (NGOs) and private clinic, and out of them three were doctors, two nurses and two teachers. In the analysis process revealed difficulties in managing the voluminous material of the health workers had different tasks. In retrospect, we could see that it would have been easier to interview only nurses.

According to Kvale & Brinkman (2009), it may be difficult for the interviewer to obtain the knowledge of cultural factors as it takes time to settle into a new culture, and many linguistic and non-linguistic factors can affect the interaction of the interview and the material to the interview. Weaknesses in our study is that we did not have any experience working in Cambodia, and that we're not able to communicate in the native language of Khmer. According to Kvale & Brinkman (2009), it is important to hire an interpreter that is culturally acceptable and proficient in the language. The interpreter's role is to help with the translation of the language and also be able to provide support to include prevention of cross-cultural misunderstandings. We are aware that credibility might be affected, since we had to use an interpreter. According to Dahlberg et al. (2008) the location of the interview plays an important part, and account should be taken to the interviewee's wishes, an advantage is to get to the interviewee's home,
where he/she feels safe and comfortable. All interviews in the study was performed as requested, in a private room so health workers would feel secure in the interview situation and in their statements.

Results Discussion

Results show that there are both opportunities and constraints to promote the health of children in the area in the southwest of Cambodia. Opportunities can be attributed to the health promotion activities implemented by health workers and that are supported by the structural state level. Health promotion in the form of health workers vaccinate, examine, provide treatment, document, inform, educate, teach, distributes food to the poorest and provide care to children when parents lack the resources. The limitations of the health obstacles that emerge and that has to do with health workers' everyday experiences, the practical level. Health problems in the form of belief in traditional healers, lack of understanding, illiteracy, inaccessible rural areas and poverty.


The country has both public (Soeters & Griffiths, 2003) and non-governmental organizations (Hellwig, 2009; M'lop Tapang, 2011), as well as private clinics (CT Clinic, 2012) working with health promotion. According to the study's results free health promotion is only offered within the NGOs with the exception of antiretroviral therapy and the national immunization program which even the NGOs offer free.

According to the Ministry of Foreign Affairs (2008) more children are now vaccinated against childhood diseases in Cambodia, which has meant that it is easier to achieve the Millennium Development Goals. The children are offered free of charge, the national
immunization program of the NGOs, but the result also shows that parents provide economic benefits, including Akashi, Yamada Huot, Channel & Suigimoto (2004) confirmed in their study. The result shows that UNICEF pays for vaccines to organizations and private clinics in the country, according to UNICEF (2008) this is done to a hundred countries in the world. Further the results of the study indicate that although the right to free vaccinations, it is not possible for all children to be vaccinated because the children are not known, the families live in remote rural areas where health services are not fully developed and that parents lack knowledge about the possibility of vaccinating their children. According to Schwartz and Bhushan (2004), they have a study concluded that NGOs achieved better results on the full vaccination than public care. The results of this study shows that NGOs working with controls, registration and follow-up to achieve adequate vaccination and our findings are in line with previous research.

According to a study by Soeters & Griffiths (2003) most government hospitals in Cambodia work poorly, flawed by poor management, lack of resources and inefficient use of resources, but mostly because the staff is unmotivated, which is also reflected in our results. The results show that staff in NGOs engaged in purposeful and prevention information and education to promote children's health.

The result shows that faith in traditional medicine is something that health workers emphasized that they find frustrating in their work with the children when the parents instead of listening to the advice and recommendations given by health workers rather performed traditional healing. According to Look, KM. & Look, RM. (1997), there is a risk of error diagnostics when parents bring their children to health services when traditional medicine has been used. Since this study's results are set against previous research the authors can conclude that it is important for health workers to reach out with information to increase awareness among parents that the practice of traditional medicine, for example, can give suspected bleeding disorders and may be considered as assault on contact with health care.

Health workers feel that many parents are illiterate, can’t write down the information provided and the parents themselves can’t read general health information. The results
show that children from poor families stay home from school to help with the family. Roggero, Mangiaterra, Bustreo & Rosati (2007) believe that it may be crucial for the survival of the family. In the short term, this can be seen as a win for the family with an increase in family income. In the longer term, this means that the children have low school attendance which can lead to ill health. In previous research studied against the results obtained in this study, the authors can see a risk that the children do not participate in education because it can lead to even today's children suffer from illiteracy in the future lead to poverty.

The development of schools is important for the future to give the children a good education to prevent illiteracy and that it could ultimately lead to better health (SIDA, 2010). Health workers have confidence, set their hopes to the children and the government to develop the country so that poor children have the opportunity to go to school, the need for more and better education. According to the government, education is on track, new schools, universities and training centers have increased and resources will be expanded in rural areas so that more children will have the opportunity to go to school (Royal Embassy of Cambodia United Kingdom, 2011).

UNICEF (2012) believes that an important part to prevent mortality among children is access to clean water and sanitation. Health workers in NGOs distribute clean water, inform children and parents about how to deal with water to keep it as clean as possible, as well as show in their practical work with children about basic hygiene measures to be carried out. The authors note that health workers have an important role to inform parents and children about the dangers of poor hygiene. Previous research shows that sanitation can be a profitable investment and can save lives (Van Minh and Viet Hung, 2011).

The Government believes that child mortality is too high, and more needs to be done in the health sector to achieve the MDGs in 2015 (Royal Embassy of Cambodia United Kingdom, 2011). Health workers believe that education for mothers and access to school for children is the key to long term promotion for better child health and reducing child mortality. According to the results set their hopes on the government, in
2010 and 2011, the WHO and the government have several common objectives to promote better health for children in Cambodia (WHO, 2010)

CONCLUSION

Health workers' experiences give an insight into how health promotion and health barriers affect children's health and development. The study shows that all health workers experience that parents and children need education to give the children the opportunity to a healthier life and less poverty. Health workers have a future, set their hopes on the children and the government, and believes that education leads to one of the fundamental rights, the best possible health.

Experience in Cambodia has led to a deeper understanding of people of a different culture, and the importance of education in a developing country.
REFERENCES


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**BILAGOR**

**Bilaga 1**

**Interview guide**

**Main question**
Tell us about what do you do so children not will be ill? Prevent disease.

**Targeted questions**
What opportunities do you have in your work that allows you to work preventively so that children do not become ill?

Are there any obstacles in your work that makes you unable to work preventively so that children do not become ill?

**Supplementary questions**
Can you tell us more about it?
How do you mean?
How do you think about that?
How will they do that?
How do you work?

**Concluding question**
What do you think is important to do so that children not will be ill?

What do you think can be better in Cambodia about children health care?

**Bilaga 2**
**Information and consent**
Our names are Ann-Margreth Göransson and Eivor Johansson and we are study child health care in Cambodia, at the University Collage of Borås, Sweden. We have received the scholarship “Minor Field Study” which is funded by the Swedish Agency
for International Development Cooperation (Sida). It is aimed for university students who want to gather material for their Master’s essay in a foreign country.

The aim of the study is to describe the child health care in Cambodia from different professions experiences.

Taking part of this study is on voluntary basis. The results will be treated confidentially. In other words, your identification will not be recognized in our Master’s essay. The interview will later be printed.

☐ Yes, I want to be involved in the interview study.

☐ No, I'm not interested in being involved in the interview.

Signatur_______________________________________________

You are at any time welcome to ask questions about our study if there is anything you are wondering about. For more information please do not hesitate to ask us when we are around or write us at

amgo00@hotmail.com   rovie@hotmail.se

Ann-Margreth Göransson och Eivor Johansson
School of Health Sciences
University of Borås
Sweden