ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Due to the tumultuous civil war which ended only 25 years ago, Cambodia has been attempting to rebuild itself, including the healthcare system. Yet, it is the second poorest country in South East Asia, after Laos, with 40% of its population living in slums, hence making my reflections quite widely applicable. New Hope Cambodia is a charity organisation which was set up to provide education and basic healthcare to the local population of Siem Reap living in slums. Due to the growing tourism industry in Siem Reap, those living in slums close to Angkor Wat territory have been displaced further afield by the government, making this charitable provision more difficult.

Volunteering at the New Hope Cambodia Health Centre for my elective has been an extremely insightful, yet sometimes difficult, experience. I had no idea what to expect, as I have never worked in a country which is so culturally different, and in an environment where resources are lacking. I found it very difficult to perform health checks and highlight health issues whilst knowing that most adults do no understanding the importance of these issues, and cannot afford to get these further investigated. These health checks required basic explanations of hypertension and diabetes, for example, or what a normal menstrual cycle might look like, and doing all of this through a translator was sometimes difficult. Stressing the importance of looking after their health, despite knowing that most might not be able to afford a doctor should they need further intervention, was tough. Although having completed a Global Public Health degree provided me with the understanding and knowledge surrounding universal healthcare, the structure of different health systems, and how these can greatly disadvantage certain populations, I have never had to experience realities of these concepts. I am very grateful that my 3 weeks with New Hope Cambodia offered me this insight. It is also important to stress that my experience of healthcare in Cambodia has been through the provision of basic care to the most disadvantaged populations of Siem Reap. Thus, my observations will not be representative of healthcare in Cambodia as a whole. I have experienced neither hospital care nor the health of even poorer populations in the countryside, so this report is only reflective of a certain population, although this is ~40%.

Malnutrition by definition is not just the lack of food, but the lack of a nutritious and balanced diet. The commonest issue that I saw in the children was poor dentition. Most children had several decaying teeth by the age of 3, with some so decayed that they were worn down to the gums. Whilst this was also a result of many not brushing their teeth (both due to a lack of parental education on the matter, and lack of importance placed on it), most of these children consume sugary sodas, milks and foods, sometimes without brushing their teeth afterwards. This is reflective of many trends which we are currently seeing, particularly in South America, where children are also beginning to suffer from Type 2 Diabetes due to the high sugar content in the sodas they are consuming. In Mexico, these drinks are both cheaper and more readily available than drinking water, which is why children are given them as soon as they stop having breastmilk. This may also be reflected in Cambodia, where sugary milk and sodas are very cheap and often given to children at snack time, often accompanied by a pack of sugary biscuits/treats.

Moreover, whilst children were not hugely underweight, many of them were quite thin, especially the young children. Most teenagers were quite short and constitutionally unlike teenagers in the UK, which might have been due to a combination of both genetics, but also lack of adequate nutrition in the earlier years. This is quite common to see in countries which are more deprived, and even in the most deprived populations of the UK (yet this is rare), however it is sad to see at such a scale. Protein in the form of meat and fish are not very affordable if buying for a large family, and so most meals are bulked with white rice, which lacks the necessary vitamins, fibre and protein to support development in children. That being said, aside from the teeth and low weight, the children were healthy and seemed happy, which is most important.

Whilst community healthcare is easily accessible in the UK by going to the GP (albeit current long wait times), children in Cambodia attend the children's hospital for both community and secondary care issues. Healthcare is free for children in both countries (although this only applies at some hospitals in Cambodia, and ends at the age of 15), however, access to this healthcare varies greatly between both countries. Only two hospitals in

Siem Reap provide free healthcare to children under 15 years, whilst all others rely on poor families owning an exemption card which provides them discounted healthcare. The children's hospitals are few in number and widely dispersed, thus reducing accessibility to these services for most families in Cambodia. Furthermore, those most in need of healthcare might not even be aware that they need to access it due to a lack of health education and awareness, further disparaging the poorer population groups. In the UK, as families are normally close to a GP practice and can access this for free, most attend the GP if they have health concerns, and thus can access community healthcare more easily. And whilst hospital care for children is sometimes free, they are reliant on their parents to take them there, which depends on whether they have the time to go, or the insight into the importance of the issue at hand.

With regards to the community care I helped to provide whilst I was here, it was very basic and reflective of the limited resources available to the charity. It was heart-breaking to advise the adults that they should go to hospital to get certain issues such as hypertension checked, when they would likely not be able to afford it. I found it even harder when it came to the children who sat within the 15-18 years' cusp who needed further health investigation, for example for migraine. These children are reliant on their parents for money and support, yet cannot access free healthcare, making it even more challenging them to advise them to seek further medical help despite knowing that they had no power in this decision.

Over the course of 3 weeks, I spent some time speaking to the local women about their health concerns, many of which I would usually be happy to speak to my GP about, or I would have learnt about at school. I quickly realised that children don't receive basic sexual health education at school, and those from impoverished areas are more greatly affected, as many cannot afford basic state education. Furthermore, the topics of menstruation, sex, and STIs are taboo, and many women don't even talk about it with one another.

The health of Cambodian women and children is a reflection of more than one complex factor, not just the healthcare system itself. Firstly, the provision of (relatively) free healthcare at state hospitals for children under the age of 15 means that one could argue that access to healthcare does not largely affect the health of children, as they are theoretically able to access this easily. However, we need to acknowledge the socioeconomic divide which exists, including in this age group. Children born to parents with a higher educational attainment will benefit from greater health education and empowerment from their parents. Their parents are also more likely to know when to take them to the dentist or doctor. Indeed, I was rather surprised to find that most of the locals (children and adults) were unaware of the importance of going to the dentist regularly (and thus had decaying teeth), let alone what hypertension is.

Where this became even more pertinent was when girls and women would raise concerns they had about their (normal) periods. Even when ignoring my underlying medical knowledge, I cannot deny the privilege I have had in being taught about periods at the age of 9 at primary school. Not only is women's health extremely absent from the educational curriculum, it is also spoken about less openly amongst women. I am sure that the only reason the girls at this school felt comfortable speaking to me about their concerns was because I was a woman (and medical professional). Even then, it was never a concern which was offered up unless probed.

During my last week, I wrote three separate lessons on periods, STIs and women's cancer, which, with the help of the team, we provided to the mothers of the preschool children at the school. I was surprised by the high turnout, and hopeful that perhaps these lessons would begin to fill a gap that they may have had for most of their lives. It was rewarding that these women took everything in and felt comfortable to ask me any questions they had, and I hope that it empowered some women to seek further help for their medical issues, whilst considering the financial and cultural barriers at play.

I found the language barrier to be quite difficult at times. Both children and adults responded to good body language, but even basic English cues were not understood by some, particularly the children. Luckily the charity had two coordinators who were able to translate for both parties, yet this was also difficult due to a lack of fluency in English. Generally, I found this to be quite manageable, particularly in everyday conversation and in the translation of basic questions or concepts. However, it was very difficult during health checks or consultations where I required specific questions to be answered and this was either not understood or the conversation happened in Khmer and I was left out. I understood that for fluency and ease of time it was easier to have the conversation in one language, however I felt at times that I was left out of the conversation at points which were crucial for me to

be involved in (pertaining to the health of the individual), and this was difficult as I was never sure how exactly the patient answered due to paraphrasing. Despite this being difficult and frustrating overall, I have gained greater confidence and patience in these situations, and will take what I have learnt with me into my new job.