



Cambodians

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to Cambodian migrants who live in Queensland, Australia. This description may not apply to all Cambodians as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

Cambodians



Introduction

The migration of Cambodians to Australia is a relatively recent phenomenon, with most arriving in the past 15 years. Many are refugees and survivors of torture and trauma, including rape, starvation, solitary confinement and forced separation from their families.

In Queensland there are approximately 700 Cambodians, with a large majority concentrated in the Logan area of southern Brisbane.

Cambodians tend not to recognise their names if they are pronounced differently. This means that *near enough probably is not good enough*.

Patient Interactions

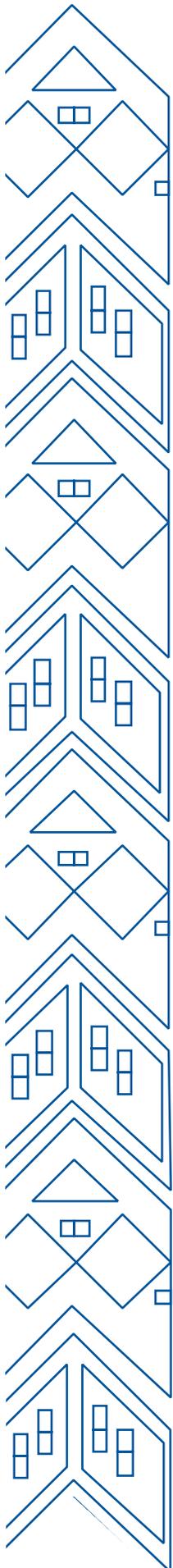
- ⦿ If possible, avoid touching an individual's head, or pointing your shoes/feet at them. Both these actions are considered impolite.
- ⦿ Patients may not maintain eye contact. Cambodians tend not to do this with a person who is older or considered superior.
- ⦿ Use simple positive language as negatives can be confusing. It is better to say "Did you go to the doctor?" rather than "Didn't you go to the doctor?".
- ⦿ Many Cambodians have no knowledge of physiology or disease processes. This means that you may need to explain things carefully to your patient.
- ⦿ "Yes" can be an ambiguous response, sometimes used to indicate that the listener is paying attention. It does not necessarily indicate agreement. It is important to obtain feedback from your client to ensure understanding, especially when they are giving consent to treatment.

Naming Conventions

Traditionally, Cambodians are not addressed by name, but according to relationship, for example, "brother" or "uncle". "Sir" or "Madam" is used for strangers. In public, a person's title must always be mentioned ("Mr", "Doctor", etc).

Names are usually written with the surname first, followed by the given name. Married women retain their maiden name and do not add their husband's name to their own. Children can take either their father's surname or a personal name.

Some Cambodians have changed the order of their names, placing the surnames last in order to adopt the Australian style of naming.



- ⦿ Rapport beyond courtesy may take months to develop.
- ⦿ Cambodians rarely appear desperate or distressed, even when experiencing significant anxiety or pain.

Health in Australia

There is little research about the health status of the Cambodian community in Queensland. However, there is some information from the United States and New Zealand which may be indicative of health in Australia.

- ⦿ In general Cambodians as a group arrive in poorer health than other refugee groups.
- ⦿ The most common diseases found in this group are tuberculosis, hepatitis B, and intestinal parasites.
- ⦿ Haemoglobin E and thalassemia minor have been observed in Cambodian refugees/migrants.
- ⦿ Dental caries are common and lactose intolerance occurs.

Utilisation of Health Services

Many Cambodians will deal with illness through self-care and self-medication, frequently employing more than one treatment for an illness. Doctors or other health care providers may only be consulted if these methods fail.

Attitudes, beliefs, and practices towards biomedical health services vary:

- ⦿ Many will resist surgery or other invasive techniques. When such procedures are required, they will have to be explained with care.

- ⦿ Some people are reluctant to allow x-rays because they fear that it may cause cancer or destroy the body.
- ⦿ Blood tests may be feared. Blood is thought to be replenished slowly, if at all, with consequent weakening of the body.
- ⦿ The need to use diagnostic tests may be seen as a tacit admission of ignorance or incompetence. Their role in health care will need to be explained.
- ⦿ The specificity of medication may be unfamiliar and there is a tendency to use any drug as an "all purpose" treatment.
- ⦿ The desire for a quick cure means that some patients may move from carer to carer in rapid succession.
- ⦿ Medication is frequently taken only for as long as the individual "feels sick". Compliance with medications for a chronic disease such as hypertension is a major problem.
- ⦿ Many Cambodians expect to receive medications for every illness, and injections are often seen as better treatment than oral medication. When it is inappropriate to prescribe any medication, the reasons need to be explained carefully.

Psychosocial Stressors

A belief in the "hot" and "cold" qualities of food and medicine is widespread. The body is seen as operating in a delicate balance between these two opposite elements. Diarrhoea, for example, is thought to be due to an excess of cold elements and skin rashes to an excess of hot elements.

- ⦿ Spiritual healers will be sought for illnesses thought to be caused by spirits.

- Health care providers may find that patients explain their illnesses in terms of both the natural and supernatural.

Traditional healing can include cupping, pinching, or rubbing (also known as coining). In cupping, a cup is heated and then placed on the skin, usually on the forehead or abdomen, leaving some redness or bruising. The marks resulting from cupping have sometimes been mistaken for signs of a more serious illness by health care providers.

Psychosocial

Language

Many Cambodians lack adequate English skills. Those who had no experience of formal learning in Cambodia are often not literate in their own language. The enormous differences between English and Khmer add to communication difficulties.

Unemployment and Poverty

Economic disadvantage poses one of the greatest problems for Cambodians in Australia. Work, apart from seasonal work, may prove hard to find and the work that is available may be poorly paid.

Racial discrimination

Cambodians are in the category of a "visible minority", and may feel permanently marginalised, especially if they have experienced either subtle discrimination or outright racism. The recent revival of the migration debate may exacerbate these feelings.

Mental Health

Many Cambodians believe that great shame is brought on a family by one of its members becoming

mentally ill. This is because mental illness may be associated with bad spirits, bad karma or past immorality.

Families may try to deal with any mental illness "in-house" to avoid outsiders becoming aware of any problem.

Trauma

Many Cambodians have suffered enormous physical and psychological trauma. Many have experienced devastating losses and unspeakable brutalities. Presentation with somatic ailments may conceal a range of deep-seated psychological problems. They may have been left with feelings of guilt about having abandoned relatives and country, anxiety, sadness, loneliness and boredom.

Some Cambodians avoid discussing events that happened under the Pol Pot regime or minimise the experience. They may nonetheless experience a strong current of intrusive thoughts about the past, often in the form of regular nightmares. Symptoms may include:

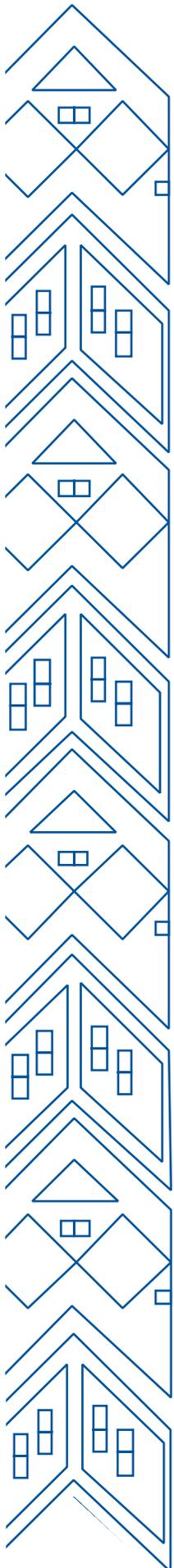
- Jumpy reactions (to sudden noises).
- Difficulty in relating to family members.
- Guilt or shame about leaving relatives behind in Cambodia.
- Memory and concentration problems.
- Extreme reactions to apparently minimal stresses.

(Some of these issues are discussed in greater detail in the profile on **Torture and Trauma**).

Youth

Many of the adolescents are faced with special stresses. These are due in part to physiological and emotional upheavals due to adolescence itself, the social and psychological adjustment





required of refugees, and inter-cultural conflicts caused by the differences between Cambodian and Australian values.

The establishment of a strong sense of identity can be extremely difficult for refugee youth. The greatest difficulty is the feeling of belonging to neither Cambodian nor Australian culture.

Family stress is considerable. Intergenerational conflicts are due largely to differences between parents' and children's values and expectations. This is exacerbated by the fact that the children are often more fluent in English, and hence deal with the outside world on behalf of parents.

On the whole, girls seem to have less trouble adapting to Australian society than do boys. Some girls have defied tradition, even leaving home and going out with boys. There are some young unmarried mothers. This causes a great loss of face for the parents, who may take harsh disciplinary measures. Boys, on the other hand, sometimes generate more conflict within their families, probably reflecting their greater stress in the "transitional culture". Both boys and girls suffer racism from their peers.

(Some of these issues are discussed in greater detail in the profile on **Child and Youth Health**).

Maternal and Child Health

Pregnancy

During pregnancy women tend to avoid exposure to wind, wear warm clothes, and avoid showering on cold evenings. Many women also believe that too much rest during pregnancy, other than a short sleep in the afternoon, may result in a long labour and a baby with a "slow brain".

Birth

Women prefer female doctors and nurses to examine them and deliver the baby. Delivery by a male doctor would be extremely embarrassing, as would removing clothes for medical examinations. An adult female relative typically attends the birth, not the husband.

Post Partum

Many Cambodian women believe that:

- ⦿ The body is made "cold" by labour.
- ⦿ Women who have just given birth must be kept very warm, and for this reason they should not shower post partum for three days - a health care provider might offer a sponge bath instead, but even this may be refused.
- ⦿ During the weeks after birth, a woman is susceptible to illness and should not do housework, or be worried or upset.

In Australia, new mothers are often kept "warm" by being fed "hot" foods.

Breastfeeding

Culturally, it was considered dangerous to breast feed a new born baby for the first three days following birth. New mothers may need to be convinced that this is not the case, and of the beneficial qualities of colostrum.

Infant Care

- ⦿ Babies of eight-10 months may lose weight, as mothers generally do not introduce solids until 12 months, with the exception of a rice soup which may be started at six weeks.
- ⦿ Attendance at child health clinics may be infrequent - in part due to a lack of familiarity. Attendance may also be seen merely as a weighing session. Some women also do not like the idea of taking advice from strangers.
- ⦿ Babies, even when they are febrile, are often kept well covered.

Women's Health

Because of embarrassment, many Cambodian women avoid regular preventive pelvic and breast examinations. They will present for care only when a problem arises and only to a female health care provider.

Family Planning

In Australia, Cambodian women accept contraception because of the financial and accommodation problems associated with large families. However, many families, arriving with two or three children, like to have more children born in Australia.

- ⊙ Withdrawal (coitus interruptus) is often used for birth control, without its unreliability being understood.
- ⊙ The condom is also commonly used.
- ⊙ Women who take the pill may not be aware of how it works or of how possible side-effects can be avoided by changing brands.

Resources

Queensland Ethnic Affairs Directory 1997.
Department of the Premier and Cabinet.
Office of Ethnic and Multicultural Affairs.

Brisbane Migrant Resource Centre
Tel: (07) 3844 8144

Ethnic Community Council of Queensland
Tel: (07) 3844 9166

Logan City Multicultural
Neighbourhood Centre
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast
Tel: (07) 5532 4300

Multicultural Information Network Service
Inc. (Gympie)
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-
Thuringowa Ltd.
Tel: (077) 724 800

Translating and Interpreting Service
Tel: 131 450

Queensland Program of Assistance to
Survivors of Torture and Trauma (QPASTT)
Tel: (07) 3844 3440

Acknowledgments

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Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, and Ethnomed, a web-site developed by the Medical School at the University of Washington and devoted to health issues of ethnic communities, were particularly useful. The latter can be found at URL:

[http www.hslib.washington.edu/clinical/ethnomed](http://www.hslib.washington.edu/clinical/ethnomed).

