

RESEARCH ARTICLE

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Social and cultural dimensions of hygiene in Cambodian health care facilities

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Abstract

Background: The frequency of bloodborne pathogen healthcare-associated infections is thought to be high in developing Southeast Asian Countries. The underlying social-cultural logics contributing to the risks of transmission are rarely studied. This report provides some insights on the social and cultural factors that shape hygiene practices in Cambodian health care settings.

Methods: We conducted qualitative surveys in various public and private health facilities in Phnom Penh, the capital city and in provinces. We observed and interviewed 319 participants, health care workers and patients, regarding hygiene practices and social relationships amongst the health care staff and with patients. We also examined the local perceptions of hygiene, their impact on the relationships between the health care staff and patients, and perceptions of transmission risks. Data collection stem from face to face semi-structured and open-ended interviews and focus group discussions with various health care staffs (i.e. cleaners, nurses, midwives and medical doctors) and with patients who attended the study health facilities.

Results: Overall responses and observations indicated that hygiene practices were burdened by the lack of adequate materials and equipments. In addition, many other factors were identified to influence and distort hygiene practices which include (1) informal and formal social rapports in hospitals, (2) major infection control roles played by the cleaners in absence of professional acknowledgment. Moreover, hygiene practices are commonly seen as an unessential matter to be devoted to low-ranking staff.

Conclusion: Our anthropological findings illustrate the importance of comprehensive understanding of hygiene practices; they need to be considered when designing interventions to improve infection control practices in a Cambodian medical setting.

Background

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P P ; (2) (NGO); (3) C 18 . (1) (2) ; (3)

: ? ? 22 .

Identification of interviewees

(. . .) O " . E

Methods

Data collection using qualitative methods

Q 19 . I () . D 20 . I 21 . C . M

Study sites

P P K C P W

Target population

14 319 40 , 22 , 22 , 32 , 4 , 4 , 20 5 170 (15 HI 12 (2) (3) . B (39), (19), (7), (5), (27), (4), (1), I D (3).

Data analysis

Ethical considerations

E C H C N F

A AID & HI I

(kamacors)
. F ,

Results

Working conditions

G , , H -
N : , -
P , ,

. A "well-lit
and when no spider webs are seen".

23,24 , P L
P H C ,

. I . F ,
H M ,
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100 , 5 , 5 ,

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" " . F /
P D
I C . F ,

. M . C ()
HO 25 ,

. A ,
D ,

(. .) . F
500) .

I . A merouk () . I ,

Hygiene practices driven by individual perceptions

M I NGO ,
H ,
"saat". E , M ,

“Do you know how to cook the steamed fish? At the hospital, the staff uses the same technique as for fish. Instruments are put in a water pot, and then cooked. When the water is boiling, that’s ready!!!”

Cleaners as key actors in hygiene

M kamacor, worker K
I
F
P P
O

“I said to women to wash their body and to change their clothes. If they have a bad smell the doctor wouldn’t examine them and he will not take care of them properly.”
H
“

“At the operating room, we wash the blood on the table, materials and fold laundry. All of this is the nurses and doctors’ job; they have to do this! But we’re doing it because we have to keep good rapport with them and help them.”

Health professionals’ perceptions of risks

B
“When we are injured by used needles we fear to die”,
B
HI
I
D HI HB
C N HI C P
F
I
O
F
P

. B , ,
 , : , “ ”
 .

But if you go to the hospital, it's expensive. You can't afford to pay!"

Midwives facing infection risks

M
 , I ,
 , P P

I . F
 :
 « I couldn't know if the material they used was sterilized or not. Yes I feared the infection but I didn't dare to ask, I feared much more the anger of the midwife! »

(, ,)

Discussion

O C
 O

M ; , A

O A

HI V
 . I ,
 . I

A kamacor.
 . A
 . I

Patients' perceptions of infection risks

P
 . H , A

C 26 .
 “ ”

"it was at the health workers' houses, as you know, and the hygiene isn't the same as in the hospitals.

27 . I
28,29,24 .
C . F
30,31
68%
32 .
B
I
M
F
H
33 .

Conclusion

V
A
A
34
35

27 . I
28,29,24 .
C . F
30,31
68%
32 .
B
I
M
F
H
33 .

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Authors' contributions

AD designed and led the project. SV was the corresponding scientist for the project at the Institut Pasteur - Cambodia. PHP, CD and ALFT conducted the study, collected, analyzed and interpreted the data. PHP wrote the manuscript including the social sciences aspects and SV wrote the public health aspects. AD and SV completed the version to be published. All authors read and approved the final manuscript.

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Competing interests

The authors declare that they have no competing interests.

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