

Maternal Economic Status Influences More on Their Health Behavior than on Knowledge: Community-based Survey in Rural Cambodia

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Objectives

- To develop the Cambodian Wealth Index-Rural version (CWI-R), an economic status indicator, suitable for rural areas.
- To analyze the relationship between economic status and maternal health knowledge and behavior.

Background

- Measuring **household income** is extremely difficult in developing countries.

An interviewee may

- not know his/her income
- not know other earners' incomes
- have several sources of income
- earn income that is usually variable on a daily, weekly, or seasonal basis

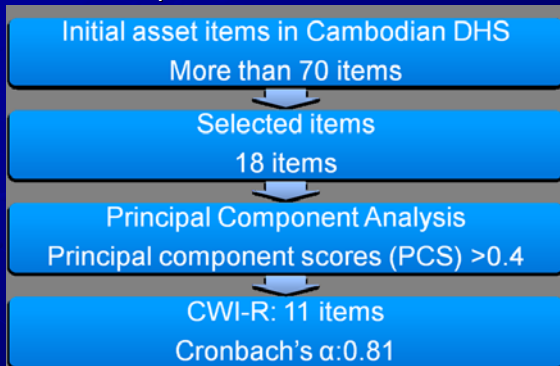
Alternatives to Household Income

- **Wealth (Net Asset)**: ex. roof material, bicycle, motorbike, ox cart, radio, television, and cows
- **Asset Counting** is useful for distinguishing the poorest or the richest.
Weight (value) of each item is different. It is not a linear scale.
- **Wealth Index** is a linear scale that uses assets. However, it includes numerous items.

Develop a shorter version of Wealth Index

Development of CWI-R

Followed the procedures of **DHS Wealth Index**



Components of CWI-R

Items	PCS
Telephone	0.677
Wardrobe	0.654
Type of windows	0.621
Number of rooms	0.586
Motorbikes	0.563
Television	0.551
Electricity	0.526
Roof material	0.514
Floor material	0.473
Type of fuel used for cooking	0.442
Agricultural land area	0.420

Study Area and Subjects

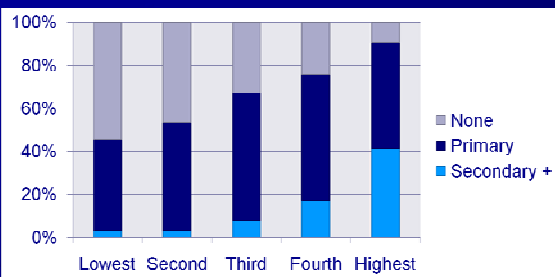
- Two districts in Kampong Cham Province
Population: 330,000
- Subjects: 640 women who delivered their child within one year before the survey
- Cluster sampling
- Structured questionnaire



Results: Subjects

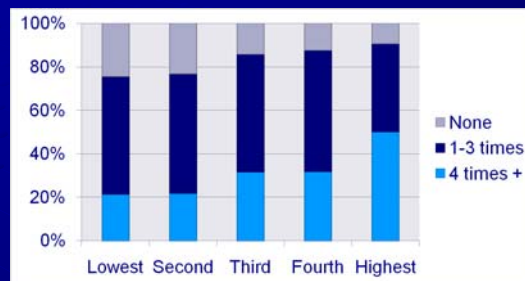
Age:	27.0 ± 6.4
Ethnic group:	Khmer = 97.3%; Cham = 2.7%
Education level:	None 33.4%
	Primary school 51.9%
Husband's occupation:	
	Farmer 64.8%
	Occasional worker 10.0%
	Factory worker 7.2%

Education



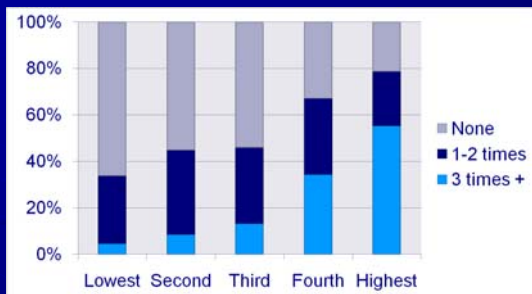
The education level significantly increased as the economic status improved.

Health Behavior: Antenatal Care



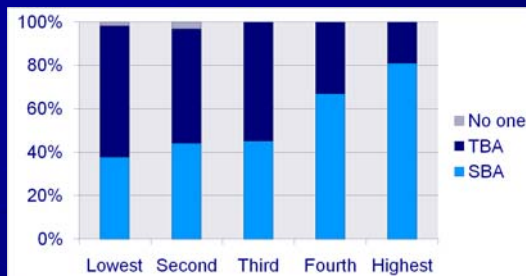
ANC visits increased as the economic status improved.

Postnatal Care



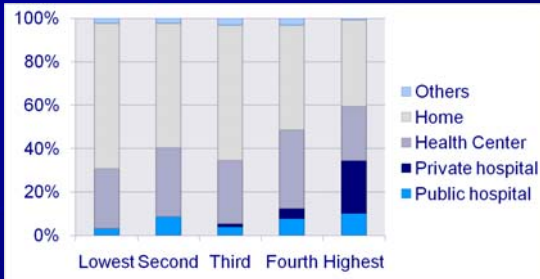
PNC visits also increased as the economic status improved.

Skilled Birth Attendant (SBA)



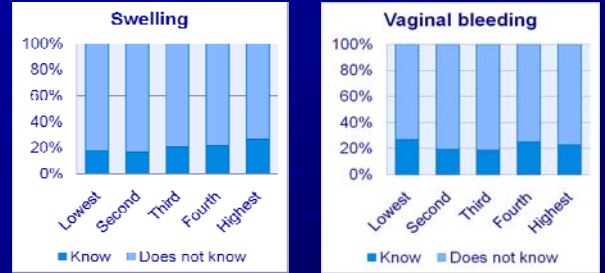
SBA: poorest = 37.8%; richest = 81.3%
TBA: Traditional Birth Attendant

Location of Delivery



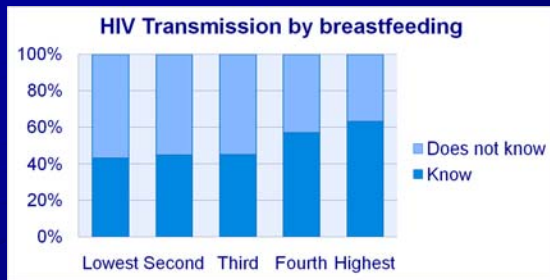
Home delivery: poorest=66.9%, richest=39.8%
 Hospital delivery: poorest=3.2%, richest=34.4%

Knowledge: Risks during Pregnancy



Knowledge on swelling slightly increased as ES improved; however, this was not the case for vaginal bleeding.

Knowledge on HIV Prevention



Knowledge on HIV increased in the fourth and the highest quintiles; however, the difference was not as significant as that for behavior.

Conclusion

- The influence of economic status seemed to be **more significant on health behavior** than on health knowledge.
- The gap between knowledge and behavior exists in **the third and the fourth quintiles**.
- While planning and providing health services, health professionals should ensure that **their services reach the poorest population**.